Lancashire and South Cumbria
Health and Care Partnership

Formal Integrated Care System (ICS) Board

25 May 2022, 10.00 am – 12.30 pm

Via MS Teams Videoconference

Agenda

Item	Description	Owner	Action	Format
1.	Welcome, Introductions and Apologies	Chair	Note	Verbal
2.	Declarations of Interest/Conflicts of Interest relating to the items on the agenda	Chair	Note	Verbal
3.	Minutes of previous formal ICS Board meeting held on 2 March 2022, Matters Arising and Actions	Chair	Approve	Attached
4.	First Impressions and Key Messages	Kevin Lavery	Note	Verbal
Managing 2022/2023				
5.	ICS Finance Report – 2021/22 Final Outturn	Sam Proffitt	Discuss / Note	Attached
6.	National Ockenden Maternity Review	Vanessa Wilson	Discuss / Note	Attached
Building the system for 2022/23 and beyond				
7.	System Reform Programme Update	Andrew Bennett	Discuss / Note	Attached
8.	Net Zero Carbon Strategy	Alistair Rose / Gary Raphael	Endorse	Attached
9.	New Hospitals Programme – Quarter 4 Report	Jerry Hawker	Discuss / Note	Attached
10.	Shaping Care Together	Jackie Moran	Discuss / Note	Attached
Items for information only				
11.	Lancashire and South Cumbria System Development Programme – Highlight Report	-	Note	Attached
12.	Lancashire and South Cumbria Health and Care Partnership - Programme Summary Report	-	Note	Attached
Routine Items				
13.	Any Other Business	All	Note	Verbal

Development of the Integrated Care System
Key terminology visual attached

Lancashire and South Cumbria Integrated Care System (ICS)

NHS ENGLAND

NHS England will set strategic aims and priorities and will continue to commission some services at a regional level, providing support to the NHS bodies working with and through the ICS. NHS England will also agree ICBs' constitutions and hold them to account for delivery.

CARE QUALITY COMMISSION

Independently reviews and rates the ICS.

STATUTORY ICS

LANCASHIRE AND SOUTH CUMBRIA INTEGRATED CARE BOARD (ICB)

The most recent national guidance states that this is the new NHS organisation that will be established on 1 April 2022, subject to the Health and Care Bill (2021) being passed. We expect this is likely to be known publicly as "NHS Lancashire and South Cumbria" and will be accountable for NHS spend and performance and responsible for the day-to-day running of the NHS in Lancashire and South Cumbria.

CROSS-BODY MEMBERSHIP, INFLUENCE AND ALIGNMENT

LANCASHIRE AND SOUTH CUMBRIA HEALTH AND CARE PARTNERSHIP

The broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS. The partnership will enable partners to plan for the future and develop strategies using available resources creatively in order to address the longer term challenges which cannot be addressed by a single sector or organisation alone.

INFLUENCE

INFLUENCE

LANCASHIRE AND SOUTH CUMBRIA PARTNERSHIP STRUCTURES

System
Covers a population of 1.8m

Provider collaboratives

Service providers will be collaborating at the various different levels of system, place and neighbourhood according to need. National guidance has been published and a Provider Collaborative Board (PCB) has been established to enable partnership working of the acute, mental health and community providers across Lancashire and South Cumbria.

Place
Covers a population of 114,000 to 566,000

Place-based partnerships

Planners and providers working together across health, local authority and the wider community, to take collective responsibility for improving the health and wellbeing of residents within a place.
Our five place-based partnerships are Pennine Lancashire, West Lancashire, Fylde Coast, Morecambe Bay, Central Lancashire.

Neighbourhood
Covers a population of 30,000 to 50,000

Primary care networks

Most day-to-day care will be delivered here. Neighbourhoods will develop to bring together partners across health and social care to deliver integrated care and may align with Primary Care Networks.

Some of the information in this summary is subject to the Health and Care Bill (2021) being passed in Parliament.
A detailed glossary for Lancashire and South Cumbria is available on our website: **Lancashire and South Cumbria glossary of language**

Lancashire and South Cumbria
Health and Care Partnership

Item 3

Subject to ratification at the next meeting

DRAFT Formal Meeting of the ICS Board

Minutes of Meeting	
Date	Wednesday, 2 March 2022
Venue	Microsoft Teams Videoconference
Chair	David Flory

Present		
David Flory	Independent Chair	Lancashire and South Cumbria ICS
Andrew Bennett	Interim ICS Lead	Lancashire and South Cumbria ICS
Jane Cass	Director of Strategic Transformation / Locality Director	NHS England and NHS Improvement NW
Gary Raphael	Executive Director	Lancashire and South Cumbria ICS
Talib Yaseen	Director of Transformation	Lancashire and South Cumbria ICS
Sam Proffitt	Director of Provider Sustainability/ ICS Director of Finance	Lancashire and South Cumbria ICS
Roger Parr	Interim Director of Performance	Lancashire and South Cumbria ICS
Jane Scattergood	Interim Director of Nursing and Quality	Lancashire and South Cumbria ICS
Andy Curran	Medical Director	Lancashire and South Cumbria ICS
Sarah Sheppard	Interim Executive Director of HR & OD	Lancashire and South Cumbria ICS
Carl Ashworth	Director of Strategy and Policy	Lancashire and South Cumbria ICS
Kevin McGee	Chief Executive Officer	Lancashire Teaching Hospitals NHS Trust
Trish Armstrong-Child	Chief Executive Officer	Blackpool Teaching Hospitals NHS Foundation Trust
Aaron Cummins	Chief Executive Officer	University Hospitals of Morecambe Bay NHS Foundation Trust
Martin Hodgson	Interim Chief Executive Officer	East Lancashire Hospitals NHS Trust
Graham Burgess	Chair	NHS Blackburn with Darwen CCG
Peter Gregory	Chair	NHS West Lancashire CCG
Roy Fisher	Chair	NHS Blackpool CCG
Jackie Moran (representing C Heneghan)	Director of Strategy and Operations	NHS West Lancashire CCG
Geoff Jolliffe	Chair	NHS Morecambe Bay CCG
Cllr Graham Gooch	Cabinet Member for Adult Services/County Councillor	Lancashire County Council
Neil Jack	Chief Executive	Blackpool Council
Denise Park	Chief Executive	Blackburn with Darwen Council
Mike Wedgeworth	Non-Executive Director	Lancashire and South Cumbria ICS
Ian Cherry	Non-Executive Director	Lancashire and South Cumbria ICS
Isla Wilson	Non-Executive Director	Lancashire and South Cumbria ICS
Adia Ebrahim (representing E Fairhurst)	Representing Provider Collaborative Board	East Lancashire Hospitals NHS Trust
Alex Heritage (representing C Donovan)	Chief Strategy Officer	Lancashire and South Cumbria Foundation Trust
In Attendance		
Neil Greaves	Head of Communications and Engagement	Lancashire and South Cumbria ICS
Steve Christian	Chief Integration Officer	Lancashire and South Cumbria Foundation Trust
Pam Bowling	Corporate Office Team Leader	Lancashire and South Cumbria ICS
Jerry Hawker	New Hospitals Programme SRO	Lancashire and South Cumbria ICS
Alistair Rose	ICS Estates Lead	Lancashire and South Cumbria ICS

Maria Louca	Executive Assistant	Lancashire and South Cumbria ICS
Sandra Lishman	Corporate Office Co-Ordinator (Minutes)	Lancashire and South Cumbria ICS
Observers		
Raymond Fitzpatrick	Professor of Public Health and Primary Care	University of Oxford
Helen Crocker	Key Senior Research Officer	University of Oxford
Angela Bosnjak-Szekeres	Trust Senior Management	East Lancashire Hospitals NHS Trust
Public Attendees		
6 public attendees		

Routine Items of Business

1. Welcome, Introductions and apologies

The Chair welcomed everyone to the formal meeting of the Integrated Care System (ICS) Board held virtually via MS Teams. No questions had been received relating to the agenda in advance of the meeting. Members were made aware that the meeting was being recorded.

Apologies had been received from Tracy Hopkins, Angela Allen, Denis Gizzi, Eileen Fairhurst, Jackie Hanson and David Blacklock.

The Chair reported that Peter Armer had stood down as the VCFSE representative on the ICS Board membership and acknowledged Peter's service on the Board. Tracy Hopkins and Angela Allen were introduced as the VCFSE representatives at future meetings, albeit unable to join today's meeting.

The Chair highlighted changes made during the passage of the Health and Care Bill through the House of Lords. It was previously determined that any elected member (member of London Assembly or any Local Authority) could not be a formal member of the Integrated Care Board (ICB). That criteria had now been lifted and the Chair welcomed this as it signalled an important part of the discussion with local government partners. The Chair also spoke of the importance of partnership working between NHS and Local Government members and officers at the Integrated Care Partnership (ICP) when key strategic issues around population health, health improvement and priorities for the system would be considered. Work was continuing on how the membership of the ICB and ICP would connect with their different roles and composition recognising that the way they work together will be crucial to the effectiveness and success of the system across L&SC.

The Chair advised that in the meantime the Board continued to operate in its current form until shadow operating arrangements were in place. Kevin Lavery was due to start in post later this month as designate Chief Officer. Designate Non-Executive Directors had been announced and the process of appointment to key statutory Executive Director posts was underway.

The ICB constitution and arrangements regarding partner members had previously been discussed by the ICS Board. A nomination process would take place for the appointment of partner members and further details would be set out either in the H&SC Bill or in the underpinning regulations.

2. Declarations of Interest / Conflicts of Interest relating to items on the agenda

The Chair reported that Isla Wilson had made a declaration of interest in the last private meeting, now being Chair of Cheshire and Wirral Partnership Trust. There was no direct conflict to Isla being in another ICS area. Congratulations were conveyed to Isla on this appointment.

RESOLVED: No further new declarations of interest or conflicts of interest relating to items on the agenda were declared.

3. Minutes of the previous formal ICS Board meeting held on 12 January 2022, matters arising and actions

The Chair proposed that the minutes of the meeting held on 12 January 2022 be accepted as a correct record, seconded by Roy Fisher.

RESOLVED: The minutes of the meeting held on 12 January 2022 were approved as a correct record.

4. Key Messages

Andrew Bennett (AB) advised that the CQC would be conducting an inspection of Lancashire and South Cumbria Urgent and Emergency Care Services. The inspection was due to start imminently through to mid-April and would be a themed system review using a set of key lines of enquiry (KLOE). Following the inspection, the CQC would publish a system report as well as individual organisation reports.

In February, the Government published a White Paper entitled '*Health and Social Care Integration: joining up care for people, places and populations*'. This builds on existing legislation and reform including the Health and Care Bill seeking responses in a consultation process around issues on how to integrate and improve the services people receive, including financial arrangements, outcomes, accountability, workforce development, digital and data. It was proposed that an ICS response would be made to the White Paper consultation. A summary of the White Paper proposals was included within the meeting papers at agenda item 9.

RESOLVED: Members noted the verbal report.

5. ICS Finance Report

Sam Proffitt (SP) reported that at month 10, the ICS was reporting a year-to-date deficit of £0.4m which was £5.2m better than the year-to-date profiled plan and a £0.9m improvement on month 9. The system continued to forecast delivery of the planned outturn position. The achievement of all organisations in getting to this point was acknowledged.

The month 10 efficiency plan showed that only 30% of the savings year-to-date were recurrent and 70% were non-recurrent. A key focus of the monthly assurance meetings with Trusts was a requirement that plans were in place by the end of the year to replace the non-recurrent action with recurrent savings. Work was taking place across the system to put plans in place to drive out costs with a focus on hotspots including agency costs and rates, and to maintain long term financial sustainability for the system.

In response to a question as to how the acute sector deficit of £170m was being tackled SP explained that in 2019/20 the system delivered a reported system deficit of £170m. During the pandemic, this was supported with funding in the system and was currently being addressed by non-recurrent actions. A longer-term view of how to transfer non-recurrent actions to recurrent actions would be undertaken by working as a system with a clinical and corporate vision to achieve long term sustainability, improve quality and drive better outcomes.

Provider representatives commented that achievement of the break-even position forecast was a tremendous effort by all staff who had contributed, providing confidence that the system was working well together whilst accepting there was much more work to be undertaken to deliver savings on a recurrent basis in the future.

The Chair endorsed the comments made about the significance of achieving a break-even position at year-end and emphasised the need to put plans together to ensure this continued and improved in the next financial year.

RESOLVED: That the Committee note the report.

6. System Operational Planning 2022/23 – System Planning and Financial Framework

Sam Proffitt (SP) took members through a presentation explaining the development of system operational plans for 2022/23, providing the Board with information on the approach to the planning process, the planning framework, the financial framework/principles and proposed role of SLE at a system check and challenge session

on 16 March 2022 ahead of the submission of the draft plans on 17 March 2022 and final plans on 28 April 2022. A key financial principle was delivery of a balanced plan.

In response to a question about the system's workforce plan, SP confirmed that there was a need for clear plans around workforce as this was a key part of the transformation required. Work was being undertaken on triangulating workforce with activity and finance to ensure they were all in line and balanced. Work on driving down agency costs was also continuing. Jane Scattergood added that there was also a real quality benefit in driving down dependency on agency staffing.

A comment was made about the absence of reference to primary care within the Financial Principles in the slides and it was agreed that there was a need to identify the protected financial resource for primary care.

ACTION: Sam Proffitt

Peter Gregory (PG) commented that the Primary and Community Care sub-cell had received the Operational Planning Guidance and contributed in terms of primary and community care. However there had been limited opportunity to contribute to the plans in terms of the spirit of integrated working and asked that this be acknowledged as a learning piece in terms of the approach in the future.

As part of the national agenda to provide support to each system, KPMG had been working with the Elective Care Recovery Group. SP explained this work was predominantly around demand and capacity modelling which would help in working through the activity and funding in plan. Feedback was awaited and details would be included in the draft plan.

Reference was made to shared care records and convergence plans for electronic patient records (EPR) and comments that this may be difficult to achieve due to different contractual arrangements at organisations. It was confirmed that there were clear convergence plans for EPR across Lancashire and South Cumbria and the Board would be updated on this in due course.

A question was asked about how the longer-term planning fit into this current planning process. In response, it was confirmed that a pragmatic approach was being taken regarding the financial framework this year being year one of a five-year plan. This was a transitional year in terms of discussion with Local Authorities and the development of 'places' and the financial framework. Longer-term plans would be developed and jointly owned by all partners in the system and would be a key part of the work of the ICB Finance Director.

The Chair concluded that there was clear endorsement by the Board of the principles and process going forward subject to some small changes as requested by members. The key to ensuring the plan was clear and credible was to set out each of the components in the context of the position for Lancashire and South Cumbria ie what this means for the system, for places and for the provider system.

RESOLVED: The ICS Board:-

- **Noted the process and timeline for the development of system operational plans**
- **Endorsed the proposed system planning framework, subject to the inclusion on primary care within the principles**
- **Endorsed the proposed system financial framework**
- **Supported the proposed role of SLE at a system check and challenge session.**

7. Lancashire and South Cumbria Infrastructure Strategy 2022

Gary Raphael (GR) explained that the updated L&SC Infrastructure Strategy set out the key strategic points, timescales and investment aspirations, providing a baseline for the ICB on the condition, constraints and opportunities of the current infrastructure and setting out a framework for the future development of organisational and system-wide plans. The document had been considered and endorsed by the Senior Leadership Executive in February 2022 when key comments were made about the need to develop community infrastructure.

GR added that the strategy linked together the current clinical strategies, Trust strategies and plans and various National NHS policies and guidance, providing a framework that responds to these and the investment requirements to deliver them. It provides an overview of the five infrastructure ambitions: Digital, Green, Sustainable system, the right accommodation and healthier places.

The investment requirements summarised in the strategy were reported to be in excess of £3.2bn over 10 years with further detailed planning underway to understand the complexity and cost for the NHS across L&SC to get to Net Zero Carbon by 2040. These will be shared when the work concludes during 2022/23 and updated into this strategy.

The strategy described immediate and ongoing activity to develop an Infrastructure Delivery Plan and activity into the medium term to develop the infrastructure system accommodation and system-wide capabilities. As a working document the strategy would continue to be developed.

On discussion, it was highlighted that the strategy was felt to be very NHS focussed. Concern was raised that this had not been aligned with the digital strategy and there was a need to ensure there was not a competing set of priorities.

GR noted the suggestions for future iterations to include how this could be aligned with strategies within other parts of the public sector, voluntary and community sectors and to provide an emphasis regarding investment including anchor institutions in deprived areas as this would have large health benefits. The document would require regular updates and it was thought that interactions on planning and comments from various Boards would enable the strategy to be remoulded. GR continued that it had been made clear that new facilities were being looked at and through the procurement processes, it was hoped that local people would benefit from employment and supply aspects.

Kevin McGee commented that a greater emphasis on place would be helpful as this would focus on what could be done in terms of system and partner agencies.

There was also a request to consider the clinical strategy when planning buildings.

Roy Fisher highlighted that as patients prefer services to be provided in a single building that single point of access be considered when updating the document, utilising space for integrated services. Andrew Bennett responded that discussion had been held regarding meeting room issues with ICPs and local authorities which could be expanded and developed further, including co-location of teams.

It was confirmed that the document would be developed further, including greater depth into anchor institutions, as partner organisations grow and emerge with their own plans.

RESOLVED: The ICS Board:

- **Endorsed the Lancashire and South Cumbria Infrastructure Strategy 2022**
- **Noted that significant updates to the strategy would be brought back to this Board and would be refreshed annually at a minimum**
- **Noted that this strategy would be shared with system partner organisations and a copy shared with NHS England/Improvement national estates team and the Project Assessment Unit for the purpose of supporting current or future infrastructure plans and investment (Green Book) business cases.**

8. New Hospitals Programme – Quarter 3 Report

Jerry Hawker (JH) provided members with an update on the New Hospitals Programme for the period from October to December 2021.

The long list of 10 options had recently been reduced to a short list, which would be presented to the Strategic Commissioning Committee on 10 March, for formal endorsement. Once endorsed, the shortlist would be made

available to the public. Thanks were relayed to clinicians, staff and populations who had contributed to the evidence, helping to undertake the shortlisting process. Once published, detail would be built behind the options, working with the Provider Collaborative Board and clinicians on the strategy. Work would continue with the national team around the development of the New Hospitals Programme and new hospital design, digital technology and new wards. The programme offers much wider system benefit than just the NHS and productive conversations had been held with universities around research opportunities and local authorities to explore opportunities. Early discussion had been held regarding a potential partnership around the wider programmes within communities.

Following the recommendations of the shortlist proposal to the Strategic Commissioning Committee on 10 March, JH was invited to update the Board with detail of how the shortlist would be progressed.

ACTION: Jerry Hawker

Jackie Moran (JM) reported that 'Shaping Care Together' a programme run by the NHS in Southport, Formby and West Lancashire was exploring new ways of working and delivering services and would affect some West Lancashire residents. JH and JM both attended the Health, Overview and Scrutiny Committee to provide a joined-up integrated approach and would keep the Board updated with progress on the programme.

Andrew Bennett suggesting inviting colleagues from the Local Enterprise Partnership to a future meeting to share their perspective on the programme, to appreciate how other partners might look at this in terms of innovation, jobs creation and employment.

ACTION: Andrew Bennett

It was suggested that more engagement with early career health professionals, ie, newly qualified doctors, nurses and physiotherapists etc, would offer value to the programme.

RESOLVED: The ICS Board:

- **Noted the progress undertaken in Quarter 3**
- **Noted the progress in developing key products to support the business case**
- **Noted the activities planned for the next period, namely appraising the longlist to a shortlist of options.**

9. System Reform Programme Update

Andrew Bennett (AB) provided an update on the work of the L&SC System Development Programme.

In February, the Government published a White Paper entitled '*Health and Social Care Integration: joining up care for people, places and populations'*. A summary slide set circulated with the meeting papers outlined the main points in the White Paper and included the consultation questions contained in the document. There was good correlation between the proposals in the White Paper and the work already undertaken within the Lancashire and South Cumbria system.

Due to the change in timeline for the establishment of ICBs, the Committee were assured that key tasks within the Readiness to Operate Statement had been reviewed, however, aspects remained subject to legislation. In relation to the Integrated Care Partnership (ICP), Angie Ridgewell attended a recent informal Committee meeting, highlighting clear principles in terms of the work required for development of the ICP and would be providing an update to the System Leaders Executive meeting in April. The report also described the work of Provider Collaboration and Communications and Engagement.

Ian Cherry asked how the White Paper requirements to strengthen the role of place in the system would impact on the Place-based leadership roles. AB responded that whilst there would be a single Integrated Care Board (ICB), there would be an effective Place-based Partnership in the 5 areas and the ICB would be one of the partners in each place. Leaders in places would be coming together to agree a way of working, to enable place to proceed. An executive-level member of the ICB would be a local lead as part of that place, with a team to enable this. A clear profile for the leadership role had been developed, based on national guidance and local

work and it was now being acknowledged that the lead role would have dual accountability to the ICB Chief Officer and the Local Authority Chief Executive Officer, to create an integrated approach to leadership in place.

RESOLVED: The ICS Board noted the update.

10. Mental Health, Learning Disability and Autism System Transition Board

Steve Christian (SC) provided an update on progress of the Mental Health, Learning Disability and Autism System Transition Board, whose aim is to improve the support available for people across the L&SC ICS, ultimately improving health and reducing health inequality.

SC explained that in 2021, an independent consultancy had been engaged to work with system partners to help facilitate the co-production of a roadmap to guide the system's transformation for mental health, learning disability and autism services. The report outlined key priority actions for system implementation now and in the future. The System Transition Board was set up to drive this work and includes representation from the NHS, local authorities, VCFSE, primary care and service users/carers, working on the roadmap to key delivery and overseeing objectives in line with national good practice.

The System Transition Board oversees two key strands of work: a change in the way mental health, learning disability and autism services are commissioned; and the creation of a Mental Health, Learning Disability and Autism Provider Alliance.

It was explained that these developments are supported by changing legislation. National policy in England means that NHS Trusts have recently taken on the commissioning responsibility from NHSE/I for some specialist mental health, learning disability and autism services. Locally Lancashire and South Cumbria NHS Foundation Trust (LSCFT) is now buying and planning these specialist services, contracting with other providers as appropriate. LSCFT as the 'lead provider' is accountable to NHSE/I for service quality and health outcomes. In addition, there are plans to extend the lead provider model to include mental health, autism and learning disability services currently commissioned by the area's CCGs with LSCFT being contracted by the L&SC Integrated Care Board (ICB) to take over commissioning arrangements in shadow form, in partnership with the ICB, during 2022/23. A system control group had been developed to look at the target operating model to test this out in shadow form, during 2023.

The aim of the Alliance is to bring agencies together to look at joint decisions through a lead provider model to organise a service to benefit the population served. Three sub-groups will oversee the improvement of mental health, learning disability and autism services for people of all ages, each being jointly led by both a director of social care and an NHS provider executive, supported by representation from primary care and the VCFSE sector. The strategy for each sub-group is being developed through an engagement programme with partners and experts with experience.

Mike Wedgeworth highlighted encouraging work with Trusts interlinked with local communities to make services more accessible, referencing an email from a Chorley Parish Preacher thanking organisations for working together to deliver services to where the people are.

Isla Wilson, Chair of the Mental Health, Learning Disability and Autism System Transition Board reported that some elements had gone well and models could be applied elsewhere. System wide strategies for mental health, learning disability and autism, included shared objectives. Whilst the model described had initial challenges, positive results had been produced. The system-based approach included voluntary sector involvement, community buildings and community and advocates.

SC confirmed that perinatal mental health services were included in the scope of the programme, joining up with the maternity voices partnership and neonatal system. Primary care had also been involved in the programme, integral to the architecture and design of the current arrangements.

It was confirmed that a commitment had been made to deliver the service and plan and transform at place.

Andrew Bennett highlighted that the next steps would be for the Strategic Commissioning Committee (SCC) to receive the system wide strategies. The SCC and local authority would be required to endorse the completed strategy and structures. It was highlighted that this was not without risk, being a learning process. Place-based dimensions were being explored and would continue to be worked through. It was thought that outcomes would test improvements given the difficult position in the mental health system three years ago.

RESOLVED: The ICS Board noted the report update.

Items for Information Only

11. Lancashire and South Cumbria System Development Programme – Highlight Report

RESOLVED: Members received the highlight report for information.

12. Lancashire and South Cumbria Health and Care Partnership – Programme Summary Report

RESOLVED: Members received the highlight report for information.

Routine Items

13. Items to forward for the next ICS Board meeting

There were no items notified.

14. Any Other Business

There was no other business.

Date and time of the next formal ICS Board meeting:
Wednesday, 4 May 2022, 10 am – 12.30 pm, MS Teams Videoconference

POST MEETING NOTE: NEXT MEETING TO BE HELD ON 25 MAY 2022, 10 am – 12.30 pm

ICS Board – Action/Decision Log (Updated 16.05.22)

Item Code	Title/Action	Responsible Lead	Status	Due Date	Progress Update
ICSB 020322-06	**Resource for Primary Care –** Protected resource to be looked/identified for primary care within the operational plans.	Sam Proffitt	**Closed**	01.05.22	It had been agreed to include the primary care LTC work in the delivery workstream set up to review flow and take a view on resources and action within the group.
ICSB 020322-08	**New Hospitals Programme -** Colleagues from the local enterprise partnership to be invited to a future meeting to share their perspective to the programme, in order for the Board to appreciate how other partners might look at this in terms of innovation, jobs and employment.	Andrew Bennett	**Closed**	25.05.22	29.4.22 – Jerry Hawker met with the Local Enterprise Partnership (LEP) CEO. The LEP would be invited to a future Strategic Oversight Group meeting.
ICSB 020322-08	**New Hospitals Programme –** Update to be provided detailing how the shortlist would be progressed.	Jerry Hawker	**Open**	25.05.22	Email update to be provided to members outside of this meeting.

Lancashire and South Cumbria
Health and Care Partnership

Integrated Care System Board

Date of meeting	25 May 2022
Title of paper	ICS Finance Report – 2021/22 Final Outturn
Presented by	Sam Proffitt, ICB Chief Finance Officer
Author	Elaine Collier, ICS Head of Finance
Agenda item	5
Confidential	No

Purpose of the paper				
For noting				
Executive summary				
This paper reports on the final outturn for 2021/22 for the L&SC system. It covers the revenue and capital positions of all L&SC partners.				
Recommendations				
The Board is asked to **note** the report.				
Governance and reporting (list other forums that have discussed this paper)				
Meeting	**Date**		**Outcomes**	
None				
Conflicts of interest identified				
Implications				
If yes, please provide a brief risk description and reference number	**YES**	**NO**	**N/A**	**Comments**
Quality impact assessment completed			X	
Equality impact assessment completed			X	
Privacy impact assessment completed			X	
Financial impact assessment completed	X			
Associated risks	X			
Are associated risks detailed on the ICS Risk Register?		X		

Report authorised by:	Sam Proffitt

Lancashire and South Cumbria
Health and Care Partnership

ICS FINANCE REPORT – 2021/22 FINAL OUTTURN

Introduction

1. This paper reports on the final outturn for the 2021/22 financial year. It covers the financial performance for all L&SC partners in respect of both revenue and capital. The figures presented are from the month 12 draft accounts and therefore are still subject to audit.

Financial Performance

2. The table below shows the final outturn position for the L&SC system. The final position shows that the system ended the year with a deficit of £13m. This reflects our nationally agreed outturn position which includes a £13.6m allowable deficit for CCG statutory reporting purposes.

3. The final outturn summary position is provided in **Table 1** below and the ICP performance is provided in **Table 2**.

Table 1 – Summary financial position for month 12

Financial Position Overview - M12			
Surplus / (Deficit)	Final Outturn		
	Plan £m	Actual £m	Variance to Plan £m
CCGs	0.1	(13.6)	(13.7)
NHS Providers	(2.3)	0.6	3.0
System Financial Performance	**(2.3)**	**(13.0)**	**(10.7)**

Table 2 – ICP financial position for month 12

System performance Surplus / (Deficit) - M12			
By ICP	Final Outturn		
	Plan £m	Actual £m	Variance to Plan £m
Central Lancashire ICP	0.0	(2.0)	(2.0)
Fylde Coast ICP	0.0	(5.4)	(5.4)
Pennine Lancashire ICP	0.0	(3.2)	(3.2)
Morecambe Bay ICP	0.0	(1.8)	(1.8)
West Lancashire MCP	0.0	(0.7)	(0.7)
North West Ambulance Service NHS Trust	(2.3)	0.0	2.3
Lancashire and South Cumbria NHS FT	0.0	0.1	0.1
ICP Financial Performance	**(2.3)**	**(13.0)**	**(10.7)**

Efficiencies

4. The final month 12 efficiency performance demonstrates savings of £125.1m were delivered against a plan of £141.1m, a shortfall of £16m.

Capital

5. The final month 12 position on capital shows that the system spent £111.7m against our allocation of £112m. This shortfall of only £0.3m demonstrates that the system was able to maximise the resources in year, as per the previous forecasts. The actual levels of capital spend by provider is shown in **Table 3**.

Table 3 – Charge against Capital Allocation at month 12

Charge against Capital Allocation - M12			
Capital	Final Outturn		
	Plan	Actual	Variance to Plan
	£m	£m	£m
Blackpool Teaching Hospitals NHS FT	21.8	19.9	1.9
East Lancashire Hospitals NHS Trust	12.4	14.2	(1.8)
Lancashire and South Cumbria NHS Foundation Trust	8.4	13.2	(4.8)
Lancashire Teaching Hospitals NHS Foundation Trust	23.5	21.7	1.9
North West Ambulance Service NHS Trust	16.9	15.2	1.7
University Hospitals of Morecambe Bay NHS Foundation Trust	29.0	27.5	1.5
	112.0	**111.7**	**0.3**

Recommendation

6. The Board is asked to **note** the updates on the 2021/22 final outturn.

Sam Proffitt
ICB Chief Finance Officer
18 May 2022

Lancashire and South Cumbria
Health and Care Partnership

Integrated Care System Board

Date of meeting	**25 May 2022**
Title of paper	**National Ockenden Maternity Review - Ockenden Interim report 1 year on & Final Report Briefing March 2022**
Presented by	**Vanessa Wilson – Programme Director Women and Children's Services**
Author	**Vanessa Wilson – Programme Director Women and Children's Services**
Agenda item	**6**
Confidential	**No**

Purpose of the paper

This purpose of this paper is to update the ICB Board regarding progress against the 7 Immediate and Essential Actions (IEAs) in the Ockenden Interim report (December 2020) and provide assurance that outstanding actions are being monitored through the Maternity and Newborn Quality Assurance Panel,

The paper also briefs board members on the findings of the final Ockenden Report (March 2022) and the steps that now need to be taken to assess maternity providers in Lancashire and South Cumbria against the new findings and IEAs.

Executive summary

Maternity providers across LSC continue to make good progress against the 7 Immediate and Essential Actions (IEAs) in the Ockenden Interim report (December 2020). These action plans will be monitored through the Maternity & Newborn Quality assurance panel and escalated to the LMNS Board as necessary.

The final Ockenden Report (March 2022) documents 15 further IEAs for all maternity services to respond to. The LMNS Board have requested an initial gap analysis against these IEAs for July 2022.

Regional assurance has not yet been requested and is unlikely to be requested until the publication of the East Kent report in September 2022.

There will be a new delivery framework for maternity services in autumn 2022 bringing together the IEAs from Ockenden and recommendations from East Kent report expected in September 2022.

Recommendations

The ICS Board is requested to:

1. Note the contents of the report;
2. Receive a further report at its meeting in September

Governance and reporting (list other forums that have discussed this paper)

Meeting	Date	Outcomes
Quality and Performance Committee **Local Maternity and Newborn Alliance Board**	**5.5.22** **6.5.22**	

Lancashire and South Cumbria
Health and Care Partnership

Conflicts of interest identified				
Implications				
If yes, please provide a brief risk description and reference number	**YES**	**NO**	**N/A**	**Comments**
Quality impact assessment completed				
Equality impact assessment completed				
Privacy impact assessment completed				
Financial impact assessment completed				
Associated risks				
Are associated risks detailed on the ICS Risk Register?				

Report authorised by:	Sarah O'Brien

Lancashire and South Cumbria
Health and Care Partnership

OCKENDEN INTERIM REPORT (DECEMBER 2020) 1 YEAR ON AND FINAL REPORT BRIEFING (MARCH 2022)

1. Introduction

1.1 In the summer of 2017, following a letter from bereaved families, raising concerns where babies and mothers died or potentially suffered significant harm whilst receiving maternity care at The Shrewsbury and Telford Hospital NHS Trust (ST NHST), the former Secretary of State for Health and Social Care, Jeremy Hunt, instructed NHS Improvement to commission a review assessing the quality of investigations relating to new-born, infant and maternal harm at The Shrewsbury and Telford Hospital NHS Trust.

1.2 In total the review involved 1486 families and a total of 1592 clinical incidents which occurred between 2000 and 2019. Due to the serious nature of the investigation findings, it was decided to publish an interim report rather than wait for the investigation conclusion.

1.3 The interim report published on 10th December 2020 required all Maternity Services to implement the 7 Immediate and Essential Action (IEAs) encompassing the following themes:

a. Enhanced Safety
b. Listening to Women & Families
c. Staff Training & Working Together
d. Managing Complex Pregnancies
e. Risk Assessment Throughout Pregnancy
f. Monitoring Fetal Wellbeing
g. Informed Consent

1.4 Provider trusts across Lancashire and South Cumbria (LSC) completed a gap analysis and subsequently developed an action plan to confirm compliance. Progress against the action plans have been monitored through trust Quality and Safety Committees, the Local Maternity and New-born Alliance Board (MNAB) and latterly through the system wide Maternity and New-born Quality Assurance Panel.

1.5 During 2021 there was an extensive exercise of submitting evidence to the Regional Maternity Team to evidence compliance and trusts were required to take a paper to their public board meeting by April 2022 regarding current position against the interim 7 IEAs.

1.6 Insight visits have taken place to 2 maternity providers in the last month. The visiting team included the Regional Chief Midwife, Regional Maternity Transformation Programme Manager, Regional Senior Quality Improvement Lead, MVP Chair, SRO for the LMNS and Quality Manager for the LMNS.

1.7 In March 2022 the Final Ockenden report was published. This report documents 60 actions for ST NHST and a further 15 IEAs for all maternity providers with over 90 individual actions.

2.0 Trust Board Reports on first 7 IEAs

2.1 The final Trust report for Lancashire Teaching Hospitals (LTH) confirmed that the Trust was fully compliant with 2 of the IEAs with 5 of the IEAs on track to achieve including awaiting evidence before completion rating agreed.

2.2 East Lancashire Hospital Trust (ELHT) confirmed that they are fully compliant with 3 of the IEA's and 4 are pending completion and awaiting evidence.

2.3 Blackpool Teaching Hospitals Trust (BTH) have confirmed they are fully compliant with 4 of the IEA's and partially compliant with 3.

2.4 University Hospitals Morecambe Bay Trusts (UHMBT) submission of their current position shows the Trust as amber in all 7 IEAs. However, when the Trust submitted evidence in June 2021 which underwent external verification. In that submission the Trust were rated as green in IEA 2 and 7. The change in rating reflects the fact that the Trust are holding themselves internally, to a higher standard of evidence rather than a deterioration.

2.5 It is recognised the magnitude of work that has been undertaken by the Trusts on this, which has resulted in multiple actions being assigned to one standard within an IEA. But also, the capacity of staff to undertake this work during a global pandemic and the sustained operational pressures that have occurred over the last two years. As a system it is positive to note the level of internal assurance and scrutiny that Trusts are applying in relation to evidence of compliance and sustainability before a rating of green is applied. An example of this is Lancashire Teaching Hospital (LTH) in addition to the assurance processes to date also commissioned an external audit to be undertaken by MIAA in regard to compliance.

3.0 Compliance Themes

3.1 Across the Trusts several themes are evident:

3.1.1.***Staff Training and Working Together*** - Attaining and sustaining the 90% target for in- house multi-professional training for maternity medical emergencies has been a significant challenge due to the pandemic and the operational pressures. Action plans are progressing with revised trajectories in place plus the reinstatement of face to face to sessions.

3.1.2***. Workforce Planning Recruitment and retention*** remain a significant challenge and risk for all trusts, acknowledging that this is also seen nationally. Three of the Trusts are currently underway with their Birth Rate + Assessment for this year, however, UHMBT have just received their report and recommendation from their assessment which concluded in September 2021. Across the organisations business cases have been developed and submitted for key roles such as Consultant Midwives, but also to support clinical midwifery staffing establishments and Obstetrics. It is noted that all Trusts are in engaged with a several workforce initiatives such as international recruitment, apprenticeship scheme. A workforce planning tool for obstetricians and

obstetric anaesthetists is soon to e published by the Royal College of Obstetrics and Gynaecology (RCOG).

3.1.3 ***Complex Pregnancies*** Specifically in relation to Maternal Medicine as it was recognised there needed to be an identified maternal medicine centre with agreed referral pathways and SOP's. As a LMNS Lancashire Teaching Hospitals has been identified as the hub for Maternal Medicine for the local system, but further detailed development at a regional level is required. A programme of work has commenced as the result of the ***establishment*** of North-West Maternal Medicine Network Board.

4.0 Ockenden Final Report Briefing

4.1 The final report was published on 30th March 2022

4.2 Headlines

a. 498 stillbirths – a quarter could have been avoided and only 40% were investigated
b. 12 maternal deaths – only one had an external review
c. Lack of compassion
d. Delays in escalation
e. Lack of multidisciplinary team working
f. Failure to follow national guidelines
g. Neonatal services working over their license
h. Bereavement Care / Maternal Deaths
i. Involvement of Obstetric Anaesthesia
j. Management of labour: monitoring of fetal wellbeing, use of oxytocin
k. Failure to listen to women, families and staff

4.2 The associated IEAs and actions reflect the headlines above. A gap analysis template has been circulated by the regional team for providers to self-assess their positions against the IEAs. There is currently no regional requirement to submit the gap analysis however the LSC LMNS Board has asked for them to be submitted by July 2022 for an initial look at local position and support necessary.

5.0 Conclusion

5.1 Maternity providers across LSC continue to make good progress against the 7 IEAs in the Ockenden Interim report. These action plans will be monitored through the Maternity & Newborn Quality assurance panel and escalated to the LMNS Board as necessary.
5.2 The final Ockenden Report documents 15 further IEAs for all maternity services to respond to. The LMNS Board have requested an initial gap analysis against these IEAs for July 2022.
5.3 Regional assurance has not yet been requested and is unlikely to be requested until the publication of the East Kent report in September 2022.
5.4 There will be a new delivery framework for maternity services in autumn 2022 bringing together the IEAs from Ockenden and recommendations from East Ket report.

6.0 Recommendations

6.1 The ICS Board is requested to:

1. Note the contents of the report;
2. Receive a further report at its meeting in September

Vanessa Wilson
9.5.22

Integrated Care System Board

Date of meeting	**25 May 2022**
Title of paper	**System Reform Programme – General Update**
Presented by	**Andrew Bennett, Executive Director Commissioning, LSC ICS**
Author	**Dawn Haworth, Senior Programme Manager Victoria Ellarby, Programme Director Philippa Cross, Head of Partnership Development Sam Proffitt, Chief Finance Officer Helen Curtis, Director of Quality and Performance Fleur Carney, Director Mental Health, Learning Disabilities and Autism Programme Ed Parsons, Programme Director, Provider Collaborative Board Debra Atkinson, Head of Corporate Business (EL & BwD CCGs) Neil Greaves, Head of Communications & Engagement**
Agenda item	**7**
Confidential	**No**

Purpose of the paper

The purpose of this report is to provide the ICS Board with an update on the work of the Lancashire and South Cumbria Integrated Care System Development Programme.

Executive summary

The System Development Programme is progressing at pace, overseen by the ICS development Oversight Group, with significant work being undertaken across all workstreams. This report provides a high-level update for the ICS Board and focusses specifically on the following key areas of work:

- The Health and Care Bill
- Readiness to Operate Statement Checklist – key dates and requirements
- Clinical and Care Professional Leadership Framework
- Working with people and communities
- Communications and Engagement
- Financial framework
- CCG Closedown
- Provider collaborations
- Review of place based partnership boundaries

Recommendations

The ICS Board is asked to discuss the report which updates on the current system development programme.

Lancashire and South Cumbria
Health and Care Partnership

Governance and reporting (list other forums that have discussed this paper)				
Meeting	**Date**			**Outcomes**
Conflicts of interest identified				
Implications				
If yes, please provide a brief risk description and reference number	**YES**	**NO**	**N/A**	**Comments**
Quality impact assessment completed			N/A	
Equality impact assessment completed	Yes			
Privacy impact assessment completed			N/A	
Financial impact assessment completed			N/A	
Associated risks			N/A	
Are associated risks detailed on the ICS Risk Register?			N/A	A Risk and Issues Log for the System Development Programme has been established

Report authorised by:	Andrew Bennett

Lancashire and South Cumbria
Health and Care Partnership

Update Report: System Development Programme

1. Introduction

The purpose of this report is to provide the ICS Board with an update on the work of the Lancashire and South Cumbria Integrated Care System Development Programme.

2. Health and Care Bill and associated national guidance

The Health and Care Bill received Royal Assent on 28th April 2022, which enacts the changes to health legislation into law. This confirms that ICSs will become statutory from 1st July 2022 including the creation of an NHS Integrated Care Board for Lancashire and South Cumbria..

A significant number of national guidance documents have been published during the period March to May 2022, including:

- HR Framework for developing integrated care boards
- Model ToRs – ICB Quality Committee
- HMRC VAT and PAYE Guidance for ICB Establishment and CCG Abolition
- ESR Guidance for ICB Establishment and CCG Abolition
- Interim guidance on Integrated care Board (ICB) functions and governance FAQs
- ICB Model Constitution template
- Integrated Care Board: Model Constitution supporting notes
- ICB Finance FAQs
- ICB website guidance

In addition, an updated version of the CCG Closedown and ICB Establishment Due Diligence Checklist and two updated versions of the ICB Establishment Timeline have also been published. Within LSC, these documents are used by the programme team and relevant workstream leads to ensure that necessary actions are completed within the required timeframes.

A number of additional resources are still in development. The final version of the regulations is yet to published, along with the final version of the model ICB Constitution. Significant changes from the current version of the Constitution are not expected.

3. Readiness to Operate Statement – key dates and requirements

The Readiness to Operate Statement (ROS) checklist is being used by the NHSEI regional and national teams to review progress against a number of key activities that need to be completed ahead of the new statutory arrangements commencing from 1st July 2022. The ICS development Oversight Group uses the ROS checklist to assess progress against key elements of the System Development Programme, with the requirements within the ROS checklist used to drive the Group's agenda.

The final version of the ROS checklist is due for submission in June 2022. There will be two required submissions:

1st June 2022 Draft submission to NHSEI NW Regional Team for review.

There will then be a period of regional review and moderation, including a peer review session across the three NW systems on 7th June 2022.

10th June 2022 Final submission to NHSEI NW Regional Team, together with accompanying 'evidence' to support the ratings provided and the signed Statement of Readiness.

17th June 2022 NW Regional Director and ICB CEO Designates approval the final Readiness to Operate Statement.

NHSEI has issued its evidence requirements to support the final submission of the ROS in June 2022. In many cases, the ICB Establishment Timeline sets out expectations that the documents described in these evidence requirements are completed by 27th May 2022. In some cases, this is also being requested via specific regional workstreams, e.g., Finance, Workforce, Quality. Within the LSC system, requests for this evidence have been issued to relevant workstream leads, so that information can be collated and assessed as it is generated.

In order to provide an additional, independent assessment on whether the LSC documents are considered to meet the requirements set out by NHSEI, Mersey Internal Audit Agency (MIAA) has been engaged to provide an assurance role on the evidence that has been generated prior to submission to the NHSEI NW Region. This mirrors the assurance role that MIAA has provided to the CCG Closedown process. This will be an ongoing process during May / early June 2022, with documents reviewed as they are generated (noting that some will not be completed until the end of May 2022) and an assurance rating provided.

ICB Constitution

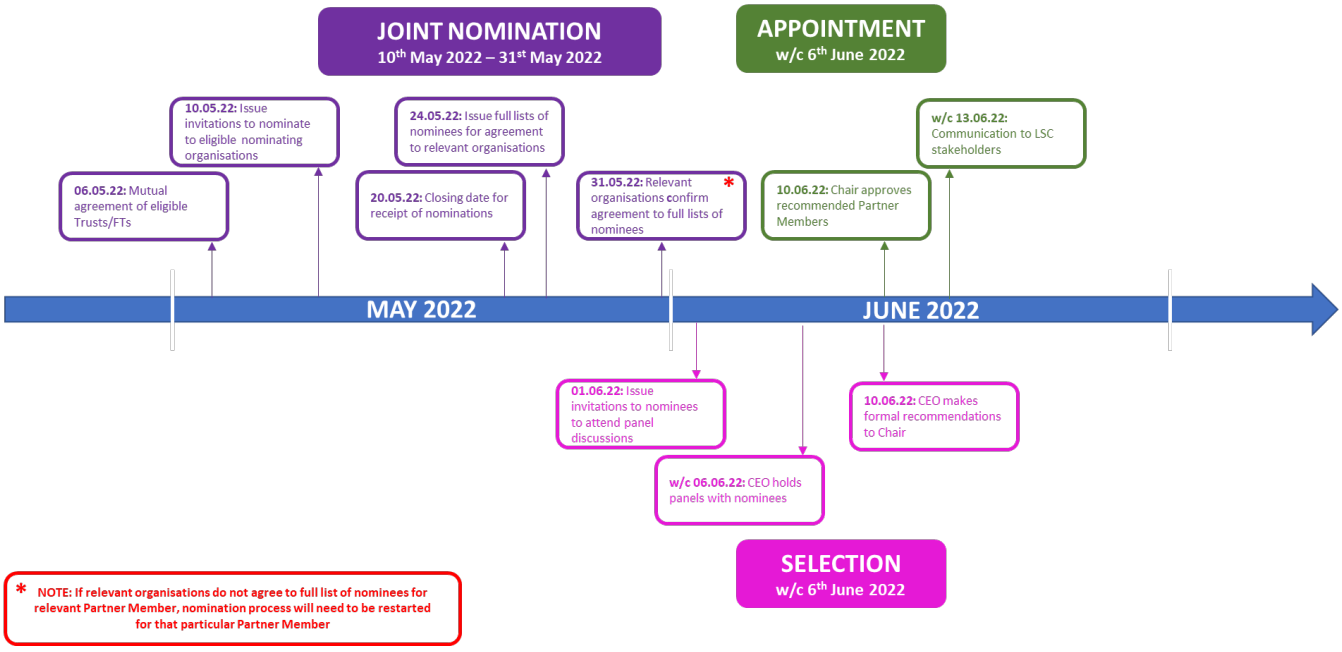
Following the publication of the updated Model Constitution template on 31st March 2022, a number of updates have been made (some national, some local to LSC) ahead of the submission of a 'settled' version of the draft LSC ICB Constitution to the NW NHSEI Region on 22nd April 2022. This 'settled' version is a close to a final version as we can currently reach as the remaining gaps relate to the final regulations and establishment order (which are not yet published), a description of the ICB area (which is being written nationally), or specific references to website links (which are not yet created).

The regional team has provided feedback on the "settled" version of the constitution. This feedback was very positive with limited further actions required in addition to those referenced above. The key next steps are:

13th May 2022	Statutory guidance on the preparation of ICB Constitutions to be published
20th May 2022	Systems to submit final ICB Constitution to the NW NHSEI Region
27th May 2022	NW NHSEI Regional Director to sign off ICB Constitution

ICB Partner Members

The joint nomination, selection and appointment process for the ICB Partner Members has now commenced, and will follow the timeline outlined below:



4. Clinical and Care Professional Leadership Framework (CCPLF)

A draft CCPLF was reviewed and endorsed by the ICS Development Oversight Group on 12th April. The draft framework was developed through a Clinical and Care Professional Leadership Framework Development Task and Finish Group and sponsored by the Interim Chief Nurse and Interim Medical Director. Membership of the Task and Finish Group included representatives from a wide range of health and care professions. A detailed programme of engagement was undertaken, with frontline staff and existing clinical and care professional groups/networks, in order to help shape the framework and high level enabling plans. It is recognised that more detailed development work will now be undertaken as the new ICB Medical Director and Chief Nurse take up post, the relevant

legislation has been passed and the review of place partnership boundaries has been completed.

The draft framework, aligns to the national guidance for clinical and care professional leadership and has been developed in 'sections' (or chapters) in the form of a slide-deck (attached). The 'sections' aim to follow a logical approach, as outlined below:

- **Section 1**: Why is having a Clinical and Care Professional Leadership Framework important to the Lancashire and South Cumbria ICS? (i.e., why is this more than just responding to a national mandate?)
- **Section 2**: What is the model of clinical and care professional leadership that we are proposing? (And how does this meet the 5 national design principles?)
- **Section 3**: What enabling support will be needed to bring the framework to life? (i.e., how will we use OD, Comms & Engagement and HR support to help us shift from the 'old to the new'?)
- **Section 4**: What is the governance model that will provide oversight, assurance, and support to clinical and care professional leaders (such that the ICB and Executive Leads are well sighted on a coordinated and holistic view of clinical and care professional leadership in places and at system levels and its impact on delivery and outcomes).

5. Working with People and Communities strategic documents

As part of the ICB establishment, there is a national requirement for the ICB to agree a strategy for 'working with people and communities', as stated in the ROS checklist. In Lancashire and South Cumbria, the ICS Development Oversight Group has approved two strategic documents in order to:

- Set out a strategic approach to working with people and communities for the ICS as a whole – an approach which sets out how all the ICS partners will work with communities when undertaking work together as Lancashire and South Cumbria Health and Care Partnership;
- Set out a specific strategy for the Integrated Care Board to work with people and communities and showing how the ICB will work with other NHS partners across Lancashire and South Cumbria.

These documents build on the best work which has been in place across the system and recognise the value and connections of different partners within the system such as Local Authorities, Healthwatch and VCFSE. They also build on discussions which have taken place as part of developments of place-based partnerships, the Health Equity Commission and population health improvement. Wide engagement has taken place on this work since February 2022 including surveys and conversations with existing local public voice groups.

These are now being used to develop a public involvement and engagement policy for the ICB and public facing materials to support further engagement on this work over the 2022/23. Again, it is expected that the approaches to our work with people and communities will evolve over time.

One key impact of for the ICB's 'strategy for working with people and communities' is to underpin the model which is emerging for the future communications and engagement function of the ICB. This aims to achieve a more equitable balance between informing and involving people in their health care.

6. Communications and Engagement

There is an extensive, current programme of communications and engagement activity to support system development in Lancashire and South Cumbria. This encompasses the establishment of the ICB, the closedown of CCGs, the continued development of place-based partnerships, provider collaboration, clinical and care professional leadership development, VCFSE partnership development and the development of the communications and engagement function for the ICB. These priorities are in addition to "business-as-usual" communication activities which may apply to clinical services, conditions or changes. This work is ensuring there is sufficient management of the transition to the ICB whilst giving close attention to communicating with staff, stakeholders, public voice and involvement groups and members of the public.

7. Financial framework

The Financial Framework for the ICB forms a key part of the establishment of the new organisation and the way it works with partners across the wider system. It will be key in establishing how the resources available to the organisation are aligned to its strategic objectives.

Financial framework in 2022/23

CCG's will be statutorily accountable for the expenditure they incur for the first 3 months of 2022/23. However, the over-arching approach has been to work collaboratively as one system and to that end, financial assumptions have been aligned so that there is consistency in aggregated plans going forward.

At the same time, the system is currently moving from the national financial regime that has operated for the last two years during the Covid pandemic. This involves a year of careful transition, along with adapting to the wider statutory changes in the NHS. A measured approach is required which promotes stability and allows for the development of financial/payment reform during 2022/23 with a view to collaboratively developing and refining financial arrangements for system and place from April 2023. Any radical shift from the existing funds flows within the system would not possible until ICB and Place structures were more fully embedded, and the design of the new framework has been properly developed and agreed by system partners.

ICB Expenditure profiles for the year will largely align to the second half (H2) of 2021/22, extrapolated for a full year and factoring in the relevant efficiency asks from the national guidance, as well as adapting to the reductions in national covid funding. As this is a transitional year, the main priority is to keep things stable and ensure that we keep funding flows as simple as possible while we establish the new ICB system including Place-based partnerships and the development of financial devolution models.

The Financial Framework anticipates that once the ICB 2022/23 Budget is established, a process to delegate place based budgets will take place through the organisational scheme of delegation. Contracts will remain between the ICB and each main provider, but budgets should reflect the level of resource consumed at place level.

Developing the new Financial Framework during 2022/23

The Financial Framework must be one which creates the right incentives for the delivery of integrated care within the Lancashire and South Cumbria system. It should not establish process or principles which burden decision makers with bureaucracy but must enable the ability to choose between conflicting opportunities and risks in a way which allows the system to acknowledge the consequences of the decisions being made. The framework must include an objective prioritisation approach which is both organisation and geography agnostic, at the same time as recognising the risks associated with changing existing funds flows and directing new resource to unique areas of opportunity.

Key next steps

In order to progress the development of the ICB's financial framework, the following next steps have been identified:

- Financial Planning and Annual budget
- Financial Governance Framework for 2022/23
- Further transformation of the finance function
- Refinement of System Delivery Architecture in line with the focus areas for 2022/23
- Work with national payments team to inform best practice approach to financial flows in 2022/23

8. CCG Closedown

Programme Plan Delivery

CCGs have been continuing with regular updates and logging of any risks and issues occurring locally which are reported in turn to the CCG Transition Board, and appropriate action is taken to address any arising issues that may compromise delivery.

In mid-April, further changes were communicated from the central NHSE/I team and have been updated accordingly within the local and master programme plans. The team continue to monitor changes and update the local groups on any changes required.

Q1 2022/2023 Operating Arrangements
CCGs have completed much of their due diligence activity as an initial checkpoint of 31 March 2022, with further refresh of information scheduled to take place in June prior to the formal transfer to the new ICB.

Sender and receiver leads have been working collaboratively over a number of weeks to discuss the feasibility of establishing shadow operating arrangements for Q1 of 2022/2023 prior to the formal transfer. A full review of each milestone on the the project plan has been undertaken from a sender and receiver perspective to determine which aspects could be 'handed over' to shadow ICB operating arrangements prior to 1 July 2022.

Four key functions have moved to an interim system model of delivery, these are communications, digital, estates, and contracts. Sender and receiver colleagues continue to work together to ensure that transitional arrangements are effective, and that key legacy CCG information is handed over to the relevant receiver lead.

ICB designate Executives will work with functional leads to oversee Q1 delivery and future operating models in line with their portfolio of responsibilities.

Risk Register Review

The CCG Executive Working Group have undertaken a full review of the LSC closedown risk register. There are five risks on the register. Four of the risks have been downgraded following this review. The staffing capacity risk remains the most significant risk across LSC and retains the score of 16.The Executive Working Group continues to meet weekly and will maintain oversight of the risk register and mitigating actions.

Mersey Internal Audit Agency Programme Audit
Audit colleagues are in the process of conducting 'spot checks' of evidence CCGs have collated against due diligence requirements. Feedback will be provided to individual CCGs as required.

9. Provider collaborations

Provider Collaborative Board
The Provider Collaborative Board (PCB) has now approved a business plan which sets out work areas for the coming years. Work is currently underway around agreeing milestones for delivery within 22/23 (although many of these are already known and agreed across the system), with a further iteration of the business plan being presented to the May PCB meeting.

A paper outlining the PCB budget for 22/23 (and beyond) will be presented for approval at the May meeting. This has been developed in conjunction with ICB

colleagues and describes a small core PCB team, supported by resource dedicated to clinical and corporate transformation, working in close alliance with the wider ICS.

Work on developing the clinical strategy is underway with focus being given to 5 high priority networks; Musculo Skeletal/Trauma and Orthopaedic; Cardiac; Respiratory; Frailty; Integrated Mental and Physical Health Services. Initially this is a 6-month piece of work that will see the development of an overarching PCB clinical strategy, supported by specialty specific strategies in the 5 high priority areas.

The Integrated Mental and Physical Health Network was launched on the 12th May and will seek to gain deeper integration between these two service areas at both system and place level, improving the experience and outcomes for patients within these services.

PCB corporate service SROs are currently working to produce a shared vision for how their services should be run in the future across the whole of the Provider Collaborative. This work is still underway however a potential £19m of savings in 22/23 have been identified (the bulk of this sits with a reduction in agency spending), with the Corporate Collaboration Board taking close oversight of realisation of this figure.

Mental Health, Learning Disabilities and Autism Provider Collaborative

There is ongoing development of a Mental Health, Learning Disability and Autism Provider Collaborative to deliver whole system transformation. The provider collaborative arrangements will be planned to operate through shared principles including:

- Partnership building: Agree a common purpose to ensure alignment
- Programme delivery: Agree a set of programmes that are delivered on behalf of the system and are well informed by people and communities
- Shared governance: Work within proportionate shared governance arrangements that enable providers to come together and efficiently take decisions that speed up service improvements, and transformation
- Peer support and mutual accountability: Challenge and hold each other to account to ensure delivery of agreed objectives and mandated standards, through agreed systems, processes, and ways of working.
- Quality improvement: Drive shared definitions of best practice and the application of a common methodology.

Accountability between members will be a key feature of the collaborative, and an important means of ensuring progress of shared objectives.

10. Review of place based partnership boundaries

The recently published Integration White Paper sets out clear policy intention around the integration of health and social care. The Lancashire and South Cumbria system is an outlier because neither our system or our current place boundaries are

coterminous with our upper tier or unitary local authority boundaries, which can only make this type of integration more difficult.

If the LSC system is to meet the aims of the White Paper and maximise the opportunities available to us, we must ensure that all aspects of our plans help to facilitate increased integration across health and social care. Given this, we need to consider whether our current place boundaries will allow us to meet this nationally described scale of ambition.

The ICB Designate Chief Executive has therefore initiated a review which will explore how re-aligning the boundaries of our places along the four Local Authority footprints would enable the partners within each of the places to best work together to achieve this required level of deep integration. The findings from this review will be reported to the ICB Board when is established as part of the implementation of the new statutory arrangements in July 2022.

11. Recommendations

The ICS Board is asked to

- Discuss the report which updates on the current system development programme

Integrated Care System Board

Date of meeting	**25 May 2022**
Title of paper	**Net Zero Carbon Strategy**
Presented by	**Gary Raphael and Alistair Rose**
Author	**Gary Raphael and Alistair Rose**
Agenda item	**8**
Confidential	**No**

Purpose of the paper

To ensure that the ICS Board is aware of the requirement to produce, keep up to date and implement the net zero carbon strategy, enabling the initial strategy document to be submitted to NHSEI and the importance of this part of the system's agenda to be recognised. It is expected that ICS Board endorsement enables this NHSEI requirement to be met for L&SC, giving the forthcoming ICB the flexibility to update it when it is ready and able, later in the financial year.

Executive summary

The attached report is the summary of the strategy document. Copies of the strategy document can be obtained from Alistair Rose at alistair.rose1@nhs.net following consideration by the Board.

Recommendations

The ICS Board is asked to **endorse** the attached report to enable it to be submitted to NHSEI alongside the initial strategy document.

The ICS Board is also asked to **recommend** to the ICB the immediate requirements to:

- Assign an ICB executive level officer to hold responsibility for developing and implementing plans on behalf of the NHS system
- Commit to creating a team/network able to lead this important agenda

Finally, the ICS Board, anticipating the requirements that will be placed on the ICB, is asked to **agree** that:

- The NZC agenda is an important aspect of NHS strategy and policy requiring on-going and frequent assessment of progress by NHS boards across L&SC
- All staff are engaged in the NZC agenda, raising awareness of what can be done by individuals, communities, organisations and society in general

Governance and reporting (list other forums that have discussed this paper)

Meeting	Date	Outcomes
ICS exec group	**25th April 2022**	**The draft report was agreed with some recommended changes.**

Conflicts of interest identified

None.

Implications				
If yes, please provide a brief risk description and reference number	**YES**	**NO**	**N/A**	**Comments**
Quality impact assessment completed			√	Quality impact assessment will be required at a later stage in the development of the strategy.
Equality impact assessment completed			√	Likewise, equality impact assessments will also be required at a later stage, noting that failure to deal with climate change will impact disproportionately on the disadvantaged.
Privacy impact assessment completed			√	
Financial impact assessment completed		√		But reference is made to the point that more capital funding will be required in order to hit the relevant targets on time. The development of NZC strategies will help to inform government of the real cost of hitting the targets we have, while referencing the higher cost of doing nothing to mitigate the impact of carbon emissions.
Associated risks	√			
Are associated risks detailed on the ICS Risk Register?		√		

Report authorised by:	Gary Raphael

Lancashire and South Cumbria
Health and Care Partnership

Meeting the NHS net zero carbon commitment in Lancashire and South Cumbria

Introduction

1. The NHS has committed to meeting net zero carbon requirements covering its direct operations by 2040 and its indirect impacts e.g. from its suppliers, by 2045. In the intervening years between now and then there are stages to be reached, not least among them is meeting 80% of the 2040 target by 2030 – that is only 8 years away.

2. The climate crises that individuals, communities, NHS, humanity, indeed the whole biosphere face requires robust and practical measures to be started now and short, medium and longer-term plans to be developed and implemented. There are no excuses for not taking the required action. Everything we do as the NHS must take account of and factor-in the costs and responses required to meet the net zero carbon requirements. At this point it should be emphasised that carbon offsetting cannot be regarded as a viable first line response, but rather it would be a 'last resort' measure once everything else has been considered. Putting this into perspective, if the NHS in L&SC were to consider offsetting as its only strategy option, we would need to purchase and turn over to afforestation 10% of the land area of Lancashire – this is clearly untenable and unaffordable.

3. Meeting our green commitments is not something outside of main NHS responsibilities. The impact of climate change, if it is not mitigated, will have serious consequences for our population, whether that be from the effects of escalating heat waves, shortages of food, stress inducing social unrest, decline in mental health and well-being, disproportionate impacts on deprived communities, with consequential increases in inequalities, new diseases; the list goes on. In short, mitigating the impact of climate change is at the heart of health improvement and inequalities reduction in a changing environment and for that reason our emerging and on-going net zero carbon strategy should be at the heart of everything we do from now onwards.

4. An initial ICS (NHS) net zero carbon document has been developed, meets the specific requirements set for us by NHSEI and incorporates insights from the organisational strategies already developed by each of this System's NHS trusts and FTs. It also incorporates the emerging longer-term plan from the national Greener NHS team. The ICS 'strategy' is very much shaped by the commitments of government and the requirements of the NHS, but in the immediate future it would make more sense to have a strategy that has been developed and agreed across the whole of Lancashire and South Cumbria. The NHS does not need to lead on this, but due to the size of our impact on the environment we would need to play a large role in its development.

5. In the meantime, the ICS Board is asked to endorse the contents of this cover report and members are invited to read the full strategy document by contacting Alistair Rose for a copy. The Board is asked to note that at this stage it is only possible to give an

indication of the ground that will need to be covered over the next few years, and this is sufficient to enable formal submission (the deadline has recently passed) of the document to NHSEI.

Background

6. The NHS is responsible for 4% of all carbon emissions in the UK. Of necessity the NHS has a major role to play in reducing carbon emissions in our society.

7. The NHS providers across L&SC consume, and cause to be emitted through staff and patient travelling, around 111,000 tonnes of CO2 equivalents per annum. That is equivalent to filling the volume of 106,000 average homes with that gas' equivalents per annum, or the same number of houses as there are in Preston and Burnley combined.

8. In order to reduce the NHS's energy use and therefore its carbon emissions across Lancashire and South Cumbria, we must:
   - Move to 100% green electric energy sources and away from the current reliance on burning fossil fuels to heat our premises. To be able to achieve this and afford the extra investment in energy efficiency schemes, the NHS will have to reduce its current use of energy to heat our buildings and supply medical gases (66,000 tonnes of CO2 equivalents p.a.) by more than the combined longer-term percentage marginal cost increases in electricity prices and energy efficiency schemes' payback metrics (possibly as much as 40%)
   - Reduce carbon emissions from travelling (45,000 tonnes of CO2 equivalents) to zero through substantial reductions in staff and patient passenger miles travelled, and by ensuring that those miles travelled are in zero emission vehicles. This will also require us to implement new models of treatment and care and exploit the full potential of digital solutions in remote point of delivery care models

9. Achieving a net zero carbon emissions target by 2045 is going to take a huge effort and the planning needs to start now. This will be a truly strategic programme of work, some of which we will be able to get on with quickly, but other aspects will need to gestate over a period of time and will not come to fruition for a number of years. Sustaining a coherent approach to planning and delivery over that timeframe will not be easy and requires senior leaders, who will come and go in the meantime, to understand the progress of earlier years' delivery and adapt future plans to meet emerging needs and new technological solutions. The 'green baton' will need to be passed from executive teams to their successors over the next two decades, if not longer.

10. The challenge is enormous. Converting and/or replacing energy generation and distribution networks with green sourced electricity supply and ensuring our buildings are energy efficient is, in itself, a major operational, logistical and financial challenge. Put this alongside the requirement to radically change the model of service provision and influence energy use in non-NHS premises (e.g. primary care) and it becomes clearer that this agenda is all-encompassing.

11. However, the gains are substantial. The costs of doing something about climate change are likely to be lower than the cost consequences of climate breakdown, not only for society in general, but also the NHS and our local population. Not only will the NHS be doing is part in reducing carbon emissions and therefore help planet Earth to avoid the disasters that will befall us all if we do nothing, but through carbon reduction measures we will be helping to improve health directly e.g. reducing traffic congestion, air pollution and associated noise levels. The move to prevention of serious conditions will reduce demand down steam and enable the estate to be rationalised as clinical models are adapted. Greater use of technology should help to improve lives and will also help us to reduce health inequalities and increase the well-being of our population, enabling us to focus resources where they are most required and supporting people in real time to adapt their behaviour. Real time information about health status and devices that enable automated responses will be a major game changer.

12. However, even at this early stage it is apparent that the tipping point for being able to achieve 80% of the NZC target by 2030-4 is unlikely to be achievable without substantial capital finance from MH Treasury from now onwards and the constraint on green electricity production looks like a national rather than a specific NHS problem, as we will not be the only ones looking to convert to that energy source. Adding to this the shortage of building trades capacity only emphasises the scale of the challenge.

Trust Green plans

13. All Trusts were required to produce Green Plans by January 2020 for submission to the ICSs and forwarding to the national Greener NHS / NHSEI for review. The five provider Trusts and North West Ambulance Service (which is also covered by L&SC) all pick up general themes about having and being dedicated to developing sustainable models of care across the Trusts' activities and operations and also supporting the range of national targets and directions of travel set out in current policy and guidance.

14. Some Trust also pick out specific initiatives that they have developed and are progressing as follows with a small number of examples extracted from their green plans:
    - **North West Ambulance Services** have developed a "Climate Change Adaptation Plan" and assess every 6 months how they are progressing with their decarbonisation plans, have introduced electric vehicles into their fleet and are investing in Carbon Literacy Training for their staff.
    - **Lancashire Teaching Hospitals** have invested in technologies to minimise energy use, brought in new menus to minimise food waste and developed digital solutions to bring care closer to home and reduce patient travel. They have also invested in a nature trail for staff and patients to walk around the RPH site.
    - **East Lancashire Hospitals** are moving its diesel fleet to zero emission with the purchase of 7 electric vans and are introducing additional electrical vehicle

charging points. They are well advanced in reducing certain damaging anaesthetic gasses (desulfurane and nitrous oxide) and moving to dry powder inhalers.

- **Lancashire and South Cumbria Trust** is working towards all of the national requirements including reductions in the use of single use plastics, reductions in energy and water use and continue to support the charity on their mental health inpatient site Guild Park, Grow Your Own. This charity works with mental health service users and volunteers from the local community to grow produce for sale and also use in the hospital kitchens.
- **University Hospitals of Morecambe Bay** is working to establish a carbon emissions baseline and have replaced lighting with LEDs. They use 100% recyclable paper and have significantly reduced the number of IT servers moving the data to the cloud and making significant reductions in electricity use and AC cooling at these sites.
- **Blackpool Teaching Hospitals** are progressing their programme of light replacements with LEDs and have a healthy active travel plan for staff alongside improvements in their cycle scheme, cycle lockers and staff showers. The Trust's Care Home Connect Project and virtual appointments has saved approximately 91 tons of carbon over the year through reductions in patient travel.

The shape of a strategy document covering a 23-year time period

15. There is no clear roadmap yet at a national level for decarbonising the country, industry, and the public sector, yet we are all being asked to develop initial green plans based on what we know currently and technology available at the moment. This planning will develop as national policy comes forward and technology is further developed to support us to get to net zero carbon. Therefore the content of this paper and the associated initial NZC strategy document are very much an initial attempt at what a green strategy should cover. The NHS is not often asked to develop a strategy that covers a timescale of 23 years, and it will therefore be significantly different to those that we are more used to producing.

16. As the strategy develops, the interaction of the issues listed below will wax and wane over time:
    - The vision
    - Action that can and should take place now by the NHS, and in the short, medium and longer term, based on our current knowledge
    - Strategy, policy and technological constraints and opportunities mapped
    - Identification of an initial critical path, taking into account the likely major dependencies
    - Contingencies identified to enable targets to be met if key aspects of the plan risk being delayed
    - Known-unknowns and not-known analyses, especially in relation to digital solutions
    - Initial costings

The Vision

17. The NHS in Lancashire and South Cumbria will have net zero carbon emissions for the services it provides by 2040 and its indirect influence on the environment through its intermediaries will achieve the same by 2045.

What do we need to do now/what is the ICS Board being asked to agree?

18. The ICS/B must:
    - Have an NHS system Net Zero Carbon strategy in-place. This will of necessity be an early draft of aspirations, with some hard data. The NZC strategy will need to be a working document under constant review and development.
    - Assign an ICB executive level officer to hold responsibility for the development and implementation plans on behalf of the NHS in L&SC.
    - Commit to creating a team/network able to lead this important agenda
    - Agree that this is an important aspect of NHS strategy and policy requiring on-going and frequent assessment of progress by NHS boards
    - Ensure that all staff are engaged in the NZC agenda, raising awareness of what can be done by individuals, communities, organisations and society in general

In the short term (next year after submission of this iteration)

19. The ICB will have developed and amended this NHS strategy to take account of the learning from national feedback and guidance received from national and local sources. It should be possible to provide more detail on the sequence and timing of key aspects of the strategy and begin to develop a critical path analysis.

20. The ICB may wish to join with local partners in the ICP to consider how a public services or whole system NZC plan could be developed, without slowing down the development of the NHS response.

21. The ICB will have a clearer view on its clinical strategy and through consideration of NZC requirements will be able to assess the impact on space and energy requirements. NZC requirements will themselves influence the shape of the clinical strategy.

22. A major plank of NZC strategy will have been scoped i.e. the New Hospitals, and the opportunities for carbon reduction from this scheme understood.

23. Another major plank will be the digital strategy – this is expected to be a major enabler of NZC reduction technologies.

24. Better information on energy use and the opportunities for reductions will be available and together these will influence the development of our capital plans for 2023/24 onwards.

25. Using this information the NHS will be able to inform energy suppliers of our longer-term green electricity needs to inform the national programme of net zero carbon power generation and power station development. Initial estimates are that we will

require around four times the amount of electricity that we currently consume, which has massive consequences for electricity supply in the future. It normally takes around 15 years to plan and build new power stations and a lot longer to agree where additional nuclear power stations are to be developed, therefore this represents a key constraint for our local green plans.

26. Greater clarity on the physical aspects of the strategy will enable cost estimates to be made, that information to be fed back to NHSEI and ultimately to Treasury to enable better informed national capital and commercial strategies to be developed in support of the NHS NZC effort.

27. The ICB will have agreed the governance arrangements and have implemented the organisational changes necessary to deliver the green strategy (development of estates and infrastructure teams).

28. There are things we can do in the short term that only require decisions to be made, for example:
    - We could agree that for all new staff leased car agreements only zero emission vehicles will be supported
    - Our transport fleets must convert to zero emission vehicles as soon as practicable and existing contracts expire
    - Our procurement strategy is developed with some early wins for the NZC agenda e.g. medical and anaesthetic gases
    - There should be no printing of documents on paper
    - Administration offices will be rationalised to take account of home working
    - Only green electricity sources will be purchased
    - No new carbon burning boiler plant and boiler replacements will be supported
    - The extra initial costs of carbon neutral or carbon reducing measures will be factored into business cases for support by the ICB

Medium term (2 to 5 years)

29. In this time period one will have expected the NZC strategy to have been developed to a level where capital investment decisions are clearer, reductions in carbon emissions can be demonstrated, firm plans are in place and emission reductions are being tracked.

30. There will be examples of capital schemes implemented that enable functionally and clinically suitable premises to have been converted or built that meet NZC emission standards.

31. In five years-time the system will need to have moved towards the NZC target by an agreed percentage from the baseline year of 2019/20, perhaps in the order of 40%. This may require us to have:
    - Closed-down buildings that could never meet carbon efficiency targets
    - Have fully implemented most of the digital solutions envisioned in 2022/23
    - Have fully implemented direct transport aspects of the strategy

- Be part way into implementation of a community premises strategy
- Have firm plans for the new hospitals
- Have firm plans for upgrades to all the hospitals across L&SC and be underway with some of the initial aspects of these plans
- Have fully implemented key aspects of procurement strategy

2027 to 2040

32. The main aspects can be anticipated thus:
    - New hospitals built in line with the NHP
    - Other hospital premises converted and upgraded to achieve the required NZC emissions standards using green electricity
    - The only NHS premises in use are those which meet the required energy efficiency/emissions standards
    - Progress in securing indirect compliance among intermediaries/suppliers

After 2040

33. On-going implementation of supplier compliance measures.

Conclusion

34. The ICS/B NZC strategy (available from Alistair Rose) is, of necessity, at a very early stage of development. Our current understanding of the challenges faced, costs yet to be incurred, value of the benefits derived, and the technological leaps required to achieve NZC is rudimentary and will develop over time. We are not alone in this. Hopefully this cover report and the strategy document demonstrate that as the NHS system in L&SC we have some insight into the scale of the challenges and solutions, the implementation of which will need to be phased-in over a long period of time.

35. Our NHS trusts/FTs have already developed their first iterations of the required NCZ plans and they already have actions in progress; however, achieving NZC is probably the biggest and most important strategic issue that the NHS has to meet and therefore we must take a whole system approach. That means that the ICB, on behalf of the NHS, should take the lead in coordinating and developing our plans, indeed, this is now an NHSEI requirement on the system.

Recommendations

36. The ICS Board is asked to **endorse** this cover report to enable it to be submitted to NHSEI alongside the initial strategy document.

37. The ICS Board is also asked to **recommend** to the ICB the immediate requirements to:
    - Assign an ICB executive level officer to hold responsibility for developing and implementing plans on behalf of the NHS system
    - Commit to creating a team/network able to lead this important agenda

36. Finally, the ICS Board, anticipating the requirements that will be placed on the ICB, is asked to **agree** that:
    - The NZC agenda is an important aspect of NHS strategy and policy requiring on-going and frequent assessment of progress by NHS boards across L&SC
    - All staff are engaged in the NZC agenda, raising awareness of what can be done by individuals, communities, organisations and society in general

Gary Raphael
ICS Executive Director

Alistair Rose
ICS Estates Lead

13th May 2022

Integrated Care System Board

Date of meeting	**25 May 2022**
Title of paper	**New Hospitals Programme Quarter 4 Board Report**
Presented by	**Jerry Hawker, Programme SRO**
Author	**Rebecca Malin, Programme Director** **Matthew Burrow, Project Manager**
Agenda item	**9**
Confidential	**No**

Purpose of the paper

For information.

Executive summary

The purpose of this report is to provide an update on the New Hospitals Programme for the quarter 4 period; January to March 2022.
This quarterly report is presented to the following Boards;

- University Hospitals of Morecambe Bay NHS Foundation Trust
- Lancashire Teaching Hospitals NHS Foundation Trust
- East Lancashire Hospitals NHS Trust
- Blackpool Teaching Hospitals NHS Foundation Trust
- Lancashire and South Cumbria NHS Foundation Trust
- Lancashire and South Cumbria Integrated Care System (ICS)
- Provider Collaborative

And the Strategic Commissioning Committee.

Recommendations

It is recommended the Board;

- Note the progress undertaken in Q4.
- Note the progress in developing key products to support business case (section 3).
- Note the activities planned for the next period, namely the detailed analysis of the shortlisted options to determine deliverability, affordability, value for money and clinically viability.

Implications

If yes, please provide a brief risk description and reference number	**YES**	**NO**	**N/A**	**Comments**
Quality impact assessment completed		✓		
Equality impact assessment completed		✓		

Privacy impact assessment completed			✓	
Financial impact assessment completed		✓		
Associated risks	✓			A NHP risk register has been developed and discussed at the NHP Strategic Oversight Group
Are associated risks detailed on the ICS Risk Register?			✓	

Report authorised by:	Jerry Hawker

Lancashire and South Cumbria
Health and Care Partnership

NEW HOSPITALS PROGRAMME Q4 BOARD REPORT

1. Introduction

1.1 This report is the 2021/22 Quarter 4 update from the Lancashire and South Cumbria (L&SC) New Hospitals Programme.

2 Background

2.1 Lancashire Teaching Hospitals NHS Foundation Trust (LTHTr) and University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) are working with local NHS partners to develop a case for investment in local hospital facilities. The programme is part of the Government's commitment to build 40 new hospitals by 2030. Together with eight existing schemes, this will mean 48 hospitals built in England over the next decade, the biggest building programme in a generation. Further information can be found on the **'Our NHS buildings' website (opens in new window).**

2.2 The L&SC New Hospitals Programme (NHP) offers a once-in-a-generation opportunity to transform the region's ageing hospitals and develop new, cutting-edge hospital facilities that offer the absolute best in modern healthcare.

2.3 This is a national programme, which continues to shape and develop. The national New Hospital Programme team is developing an overall programme business case, and in the interim continues to work with schemes to determine the best approach to demand modelling, sustainable buildings, standard design, assessing the benefits of new hospital facilities, as well as understanding the most effective commercial frameworks that can be applied. The programme welcomed colleagues from the DHSC and national NHP team for a visit to Royal Lancaster Infirmary and Royal Preston Hospital in March 2022 and looks forward to the visit of Natalie Forrest, national NHP Senior Responsible Officer in June 2022.

3 Progress against plan (for the period January to March 2022)

3.1 In Q4, the programme has achieved several significant milestones: appraising the longlist; the approval of the shortlist of options; and the commencement of engagement with the public and stakeholders on the shortlist.

3.2 In February, the programme completed the workshop to appraise the longlist of options. The workshop is a fundamental part of developing a business case, and a key element of the programme's active engagement and transparency with the public and stakeholders. The workshop was attended by a range of NHS colleagues, wider stakeholders and patient representatives, bringing a high degree of energy, challenge and debate to input into the shortlist options.

3.3 Subsequently, on 24 February 2022, the Strategic Oversight Group (SOG) reviewed, discussed and approved the output of the workshop to form the shortlist of options. This was endorsed by the Strategic Commissioning Committee (SCC) on 10 March 2022.

3.4 **Developing our business case –** During Q4, the programme has progressed the following key building blocks towards our business case:

3.5 **Shortlist –** the shortlist of options is as follows;

- A new Royal Lancaster Infirmary on a new site, with partial rebuild / refurbishment of Royal Preston Hospital;
- A new Royal Preston Hospital on a new site, with partial rebuild / refurbishment of Royal Lancaster Infirmary;
- Investment at both Royal Lancaster Infirmary and Royal Preston Hospital, allowing partial rebuilding work on both existing sites;
- Two new hospitals to replace Royal Lancaster Infirmary and Royal Preston Hospital (new sites).

These proposals also include investment in Furness General Hospital, required due to its geographically remote location, its proximity to some of the UK's major strategic national assets, and its need to meet NHS environmental goals.

3.6 **Identification and quantification of benefits –** work has progressed throughout Q4, culminating in a draft Comprehensive Investment Appraisal Model (CIAM) with indicative benefit cost ratios for the options. Whilst this is a formal and technical element of the business case, it allows us to articulate and quantify the true impact of our ageing estate and the benefit new hospital facilities will bring. Work will continue on this as we understand more detail regarding each option.

3.7 The programme continues to manage the significant interdependencies within the Integrated Care System (ICS). Firstly, with the Hospitals Clinical Strategy through the PCB Clinical Integration Group, to ensure alignment with the shortlist of options. Secondly, the implementation of digital and development of the digital strategy. Finally, the programme appreciates that the right sizing of new hospital facilities can only be achieved with primary and community care services working in parallel. Agreement has been reached to establish an ICS primary and community strategy group with an objective to develop a case for change and strategic plan aligned to the NHS Long Term Plan and the NHP ambitions.

4 Public, patient and workforce communications and engagement

4.1 A number of key communications, involvement and engagement activities have taken place during this period, namely:

4.2 Firstly, the programme announced the shortlist of options through NHP channels (with the issue of a media release, stakeholder updates, email news and social media), with NHS partners sharing internal communications and social media posts. To tie in with this announcement, a new online survey on the shortlist and 'what is most important in terms of new hospital facilities' was launched, running from 10 March to 3 April. The survey has received 1,466 full responses, with further partial responses also being analysed. An additional round of market research commenced w/c 14 March, comprising of face-to-face, telephone and online interviews / surveys. An advertising campaign ran on local radio, print and online media to encourage people to find out more about the programme and get involved.

4.3 Secondly, the programme held two successful Colleague Summits on 15 and 29 March 2022, which involved 196 colleagues and facilitated positive question and answer sessions.

4.4 Thirdly, a range of new website content has been published to explain more about the programme's process and to bring the Case for Change to life. This has included new blogs on: the potential for digital advances - why digital advances are so important to the New Hospitals Programme and how digital advances can help our new hospital facilities to be more sustainable; how new hospital facilities can improve urgent care in our region; patient choice and long-term goals for health in Lancashire and South

Cumbria; how feedback from local people is being used to for proposals for new hospital facilities; and an article showcasing the Innovation Agency podcast featuring Jerry Hawker, Dr Som Kumar and Jane Kenny. A new webpage on Governance and oversight has also been launched.

5 Stakeholder management

5.1 Board members will recognise there is a breadth of stakeholders in such a programme. During Q4, there has been stakeholder engagement on the shortlist of options, meetings and correspondence with MPs, local authorities and community groups.

6 Programme governance and risk

6.1 During Q4, the Mersey Internal Audit Agency (MIAA) Advisory Services independent review of the programme governance and assurance was reviewed and supported by the Governance Advisory Group (GAG). The Strategic Oversight Group (SOG) approved the report and agreed that the subsequent oversight of the action plan and implementation of the programme and statutory body decision making matrix will be undertaken by the Programme Management Group (PMG).

6.2 Throughout Q4, the programme has strengthened the risk register. The full risk register is reviewed and reported to the various groups within the programme governance framework. Risks scoring 15 and above are then reported and discussed at the Strategic Oversight Group (SOG) each month.

7 Next period – Q1 2022/23

7.1 Q1 takes us into a detailed yet exciting phase of the programme, including undertaking detailed analysis of the shortlisted options to determine the deliverability (incorporating land availability, planning considerations, clinical viability and service continuity), value for money and affordability (capital and revenue).

7.2 Following this detailed analysis, options determined as deliverable, value for money and affordable, that are deemed to involve a substantial service change

and therefore the potential requirement to consult, will require a Pre-Consultation Business Case (PCBC) to be submitted to NHSEI.

7.3 The programme will continue to develop the PCBC and the Strategic Outline Case (SOC) in parallel, following NHSE's planning, assuring, and delivering service change for patients' guidance and the HM Treasury's guide to developing a project business case.

8 Conclusion

8.1 This paper is a summary of progress on the New Hospitals Programme throughout Quarter 4 2021/22.

9 Recommendations

9.1 The Board is requested to:

- Note the progress undertaken in Q4.
- Note the progress in developing key products to support business case (section 3).
- Note the activities planned for the next period, namely the detailed analysis of the shortlisted options to determine deliverability, affordability, value for money and clinically viability.

Rebecca Malin
Programme Director
April 2022

Jerry Hawker
Programme SRO

Lancashire and South Cumbria
Health and Care Partnership

Integrated Care System Board

Date of meeting	**25 May 2022**
Title of paper	**Shaping Care Together**
Presented by	**Jackie Moran**
Author	**Jackie Moran, Communications and Engagement SRO, Shaping Care Together**
Agenda item	**10**
Confidential	**No**

Purpose of the paper
Update for Lancashire and South Cumbria Integrated Care System Board
Executive summary
This paper offers the Board a summary of the communications and engagement activity that has been undertaken by the Shaping Care Together programme (SCT), which is exploring a sustainable future for health and care services in Southport, Formby and West Lancashire.
Recommendations
The Board is asked to note the contents of this report
Governance and reporting (list other forums that have discussed this paper)

Meeting	**Date**	**Outcomes**

Conflicts of interest identified

Implications				
If yes, please provide a brief risk description and reference number	**YES**	**NO**	**N/A**	**Comments**
Quality impact assessment completed	x			A draft Integrated Impact Assessment has been developed, including both quality and equality and will be developed through the programme
Equality impact assessment completed	x			
Privacy impact assessment completed		x		This is not needed at this time
Financial impact assessment completed	x			A baseline assessment has been completed and will be developed throughout the programme
Associated risks	x			SCT holds its own risk register which is reported to the programme board and joint committee of CCGs
Are associated risks detailed on the ICS Risk Register?		x		

Report authorised by:	Andrew Bennett, Executive Director of Commissioning/ Interim Accountable Officer, West Lancashire CCG

Lancashire and South Cumbria
Health and Care Partnership

SHAPING CARE TOGETHER

1. Introduction

1.1 *Shaping Care Together (SCT)* is about better care for patients and about making the best use of our money, staff, and buildings to provide the best possible care. It will prepare our local NHS in Southport, Formby and West Lancashire to meet the challenges of the future – both those we know about and those that cannot be foreseen – delivering high-quality services that are affordable, efficient and, above all, safe.

1.2 SCT published *Our Challenges and Opportunities* in March 2022. This is an engagement document that outlines the case for change, some of the main challenges we have heard, and some opportunities for providing better care.

1.3 This report offers the ICS Board an update on the public engagement programme and its future activity.

2. Engagement activity

2.1 The engagement programme included a number of activities and mechanisms which allowed the general public, patients, staff and other stakeholders to hear updates from the Shaping Care Together partner organisations and feedback their views. Given lockdown restrictions and NHS guidance to tackle the Covid-19 pandemic, the engagement programme has largely been online. These included:

- Two online public 'town-hall' style meetings held in March 2022 to ensure conversations were held with the public after the release of the Shaping Care Together Challenges and Opportunities Paper.
- Three online staff 'town-hall' style meetings held in March 2022 following the release of the Challenges and Opportunities Paper, attracting conversations about the future of local health and care services with approximately 100 health and care staff.
- We held 29 in-depth online discussion groups with people representing more than 15 community organisations.
- We established a dedicated website with an online 'have your say' form to allow people to submit feedback and suggestions for how to improve health and care services which received 2,365 responses.
- A general Shaping Care Together email address has been publicised on the Shaping Care Together website. This has enabled a number of individuals, local community and campaign groups, councils and other stakeholders to provide formal papers as submissions or more informal, anecdotal or personal opinions on how health and care services should develop in Southport, Formby and West Lancashire.

- We publicised the engagement programme through NHS organisations, Twitter and Facebook accounts and through paid for targeted social media ad campaigns.

- More than 30 other meetings have taken place with MPs, councils, community and campaign groups, and other key stakeholders to inform them of the current health thinking and to involve them in the development of long-term solutions.

- A number of meetings have been held online and offline with NHS staff across Southport, Formby and West Lancashire where staff have been given the opportunity to hear updates and ask questions about Shaping Care Together, as well as contribute their own views.

- Comment cards have been produced and distributed within NHS organisations across the area, asking patients, public, staff and other stakeholders to write down their ideas and concerns and send by Freepost to our dedicated postal address. We received more than 500 comment card responses.

- An Engagement Process Advisory Group was set up to inform, advise and ensure on the process by which the NHS is engaging with patients and public in the Shaping Care Together programme.

2.2 Engagement activities and responses from January 2021 up to and including 28 March 2022 include:

- More than 50 public or private stakeholder meetings (including public meetings, workshops and focus groups)
- 2,365 responses to the online 'have your say' questionnaire
- 557 comment cards completed
- More than 350 staff respond to the online 'have your say' questionnaire
- More than 18,000 engagement site visits
- Social media adverts and activity viewed on more than 600,000 occasions

2.3 The engagement programme has heard a wide array of thoughts views and ideas. SCT has heard that:

- Approximately 70% say telephone and video appointments with health and care professionals are a good idea but might not be useful for every appointment.
- The top two priorities for people are shorter waiting times for an outpatient appointment and receiving the best possible care, even if it means travelling further.
- 94% agree that healthcare should be local where possible and specialist where necessary and 85% feel it is more important to be treated in a specialist centre.

2.4 Across all elements of engagement – whether expressed at a public or private meeting, through online, email or postal submissions, or via social media – there were several common themes which were clearly recurring.

We have broken these themes into six broader areas.

1. **Recruitment and retention**

Recruitment and retention are one of the biggest concerns for local people, particularly among staff who feel stretched, and morale is low.

2. **Integration**

Many respondents agreed that better integration of services – between adult social care, residential care, community and acute care – is essential to improve healthcare in Southport, Formby, and West Lancashire, with many suggesting shared services under one roof.

3. **Travel and transport**

The poor public transport links and long distances that patients, and indeed staff, are forced to travel was a concern expressed by a number of respondents.

4. **Care in the community**

Many respondents felt that better care could be provided closer to home and, in the community, and this part of the health system could be improved.

5. **Digital technology**

Respondents felt that there have been little advancements made in the use of technology within the NHS, with many questioning the lack of an electronic record system for the whole geography and between providers. Respondents also deemed the use of virtual appointments as useful in some cases but could not pick up all ailments and illnesses so more options should be provided to the patient.

6. **Finance and estates**

Some respondents felt upgrades in the estate was needed across the sites and that a “financial injection” was required. A number of respondents also said that the estate needed to be better suited to the needs of the population and was not currently fit for purpose and in need of repair.

2.5 SCT is now commencing an options appraisal process that will ensure co-production and co-design of the options considered. This will involve stakeholders, clinicians, patient representatives and service users and will ensure the programme has had thorough public engagement and input throughout the pre-consultation engagement period.

2.6 The programme will then develop and submit the pre-consultation business case (PCBC) to NHS regulators and the programme will then explore potential consultation to take place next year (2023).

2.7 A full and comprehensive engagement report is being developed as part of the PCBC.

2.8 A review of governance and decision-making arrangements will take place as the new ICS and place structures develop in both Lancashire and South Cumbria and Cheshire and Merseyside.

3. Conclusion

3.1 SCT has undergone a thorough and extensive pre-consultation engagement programme that has seen significant patient, public, staff and other stakeholder engagement throughout. All comments, ideas and proposals put forward through the programme have been fed into the development of options developed by the NHS.

3.2 SCT engagement activity has been quality assured by the Consultation Institute as well as legal advisers and will continue to be sought throughout future activity.

3.3 Public, patient, staff, and stakeholder engagement has been at the heart of the programme and will continue in that vein in the future. The ICS will be updated throughout the lifespan of the programme.

4. Recommendations

4.1 The ICS Board is requested to:

- Note the contents of the report.

Jackie Moran
16 May 2022

Item 11

L&SC ICS System Reform Programme

Monthly ROS Highlight Report

Lancashire and South Cumbria Health and Care Partnership

High Level Summary

ROS Ref	Description	LSC Exec Lead	APRIL - Current RAG Rating	APRIL - Projected RAG Rating at July 2022
1	**Integrated care partnership (ICP): Initial ICP arrangements and principles agreed**	Andrew Bennett	Progress made - Minor concerns	On target for delivery by July 2022
2	**Integrated care board (ICB): Designate appointments to the Board of the ICB made and Board quorate in line with relevant guidance**	Sarah Sheppard		
3	**System development plan, ICB constitution and governance arrangements: System Development Plan, ICB constitution and governance arrangements in place**	Andrew Bennett	On target - No concerns	On target for delivery by July 2022
4	**Provider partnerships: Provider partnership arrangements agreed**	Caroline Donovan, Kevin McGee, Peter Tinson	Completed	Completed
5	**People and culture: People function ready for operation**	Sarah Sheppard		
6	**Quality, safety and EPRR: Quality, safety and EPRR systems and functions ready for operation**	Andrew Bennett, Jane Scattergood	On target - No concerns	On target for delivery by July 2022
7	**Clinical and care professional leadership: Model / arrangements prepared**	Andy Curran, Jane Scattergood		
8	**Working with people and communities: Public involvement and engagement strategy / policy**	Andrew Bennett	On target - No concerns	On target for delivery by July 2022
9	**System oversight: System oversight arrangements between NHS England and NHS Improvement regional team and ICB**	Andrew Bennett	Progress made - Minor concerns	On target for delivery by July 2022
10	**Finance and planning: Planning for 2022/23 developed in line with national requirements and finance function and systems ready for operation**	Sam Proffitt		
11	**Data, digital and information governance: Systems ready to operate and information governance activities on target**	Gary Raphael	Progress made - Minor concerns	On target for delivery by July 2022
12	**Transition from CCGs to ICBs: Equalities duties complied with, due diligence of people and property complete, consultation completed in line with TUPE requirements / COSoP guidance, staffing and property lists prepared and first day arrangements confirmed**	Andrew Bennett, Denis Gizzi, Sarah Sheppard	On target - No concerns	On target for delivery by July 2022

ROS 1 - National Requirements by Exception

ROS Ref	Source	Description	Finish Date	Update	LSC Workstream Lead	APRIL - Current RAG Rating
1.1	ROS	Initial Integrated Care Partnership (ICP) arrangements agreed, including principles for operation from 1 July 2022, in line with relevant guidance	27/05/22	Principles of partnership working and initial system priorities agreed via ICS OG in January 2022, and by ICS Board in February 2022. Further work required on priorities for action (short, medium and long term, as well as agreeing metrics), membership of ICP, and relationships between ICP and other existing groups across LSC (esp. HWBBs and existing partnerships). Further T&F group meeting scheduled for 01.04.22 Risk remains re capacity across senior leaders during Q4 of 2021/22 and Q1 of 2022/23. Further national guidance anticipated during May 2022.	Vicki Ellarby	Progress made - Minor concerns

ROS 2 - National Requirements by Exception

ROS Ref	Source	Description	Finish Date	Update	LSC Workstream Lead	APRIL - Current RAG Rating
2.4	ROS	Designate Partner members appointed and ready to take up post on 1 July 2022	18/03/22	ICB Board size and composition agreed by NHSE. Nomination and selection process if being review by NHSEI and expecting further guidance at end March 2022. Recent confirmation that nomination process cannot commence until after local elections (not before 6th May). Unclear of timescales	Debra Atkinson	Not on Target - Significant concerns

ROS 9 - National Requirements by Exception

ROS Ref	Source	Description	Finish Date	Update	LSC Workstream Lead	APRIL - Current RAG Rating
9.1	ROS	Arrangements for system oversight in 2022/23 between the NHS England and NHS Improvement regional team and the ICB prepared, ready to take effect from 1 July 2022	18/03/22	Awaiting further information on MoU for 2022/23 and relationship between region/system.	Carl Ashworth	Progress made - Minor concerns

ROS 10 - National Requirements by Exception

ROS Ref	Source	Description	Finish Date	Update	LSC Workstream Lead	APRIL - Current RAG Rating
10.1	ROS	Planning for 2022/23 has been carried out in line with relevant guidance	28/04/22	Operational planning process underway in line with published national guidance and on-target to meet nationa deadlines of 17/3/22 (draft) and 28/4 (final).	Carl Ashworth, Sam Proffitt	Progress made - Minor concerns

ROS 11 - National Requirements by Exception

ROS Ref	Source	Description	Finish Date	Update	LSC Workstream Lead	APRIL - Current RAG Rating
11.1	ROS	Activities outlined in the Organisation Data Service (ODS) reconfiguration toolkit as due by 1 July 2022 have been delivered	18/03/22	ICB has received ODS code (QE1) and can begin operation when required. Still awaiting guidance around national systems ODS and potential local CCG systems using ODS.	Andrew Thomson	Progress made - Minor concerns
11.2	ROS	Activities outlined in the Information governance / data security and protection toolkit (DPST) (e.g. Caldicott Guardian, Information Asset Owner, Senior Information Risk Owner, records retention, etc.) as due by 1 July 2022 have been delivered	31/01/21	Detailed activities yet to be received. Risk associated with short timeframes for completion of this work when national guidance is awaited.These roles will need to exist for the ICB, are these roles being consolidated from existing CCG's or as some CCG's have outsourced arrangements will this continue?	Andrew Thomson	Progress made - Minor concerns

ROS 12 - National Requirements by Exception

ROS Ref	Source	Description	Finish Date	Update	LSC Workstream Lead	APRIL - Current RAG Rating
12.4.1	ROS	Appropriate arrangements made in relation to NHS Resolution schemes (Clinical Negligence Scheme for Trusts, Liabilities to Third Parties Scheme and the Property Expenses Scheme) to provide indemnity in line with NHS Resolution guidance (when available)	18/03/22	Part of CCG Transition workstream and DD checklist - deadline needs to shift in plans in line with shift of ICB establishment to 1st July	Carl Ashworth	Progress made - Minor concerns

ROS 3 - ICB Establishment by Exception

Source	Description	Finish Date	Update	LSC Workstream Lead	APRIL - Current RAG Rating
ICB Est Timeline	Final governance documents published	01/04/22	Awaiting updated national guidance .	Debra Atkinson	Progress made - Minor concerns
ICB Est Timeline	Following appointment and discussion with the designate ICB Chair, CCG(s) to start to consult (i.e. engage) with 'appropriate' stakeholders to develop a draft constitution for the new ICB in line with the model ICB constitution (including standing orders). This consultation will need to be in two parts:- (1) the Board size and composition - to complete by 17/11/2021; (2) All other aspects of the constitution, including the nomination processes for GP, trust/FT and LA partner roles - to complete by 30/11/21. (DHSC-NHSE will engage during September and October on the draft secondary legislation that will confirm the Trusts/FTs and GPs to be involved in which ICBs in the nomination of those board members. ICB constitutions will supplement this with local rules.)	04/10/21	Draft secondary legislation that will confirm the Trusts/FTs and GPs to be involved in which ICBs in the nomination of those board members is still awaited. Expecting further guidance at end March 2022.	Debra Atkinson	Progress made - Minor concerns
ICB Est Timeline	Second stage of ICB constitution consultation (engagement) exercise closes	30/11/21	Completed although may be further amendments to partner member nomination process - awaiting further national guidance	Debra Atkinson	Progress made - Minor concerns

ROS 11 - ICB Establishment by Exception

Source	Description	Finish Date	Update	LSC Workstream Lead	APRIL - Current RAG Rating
ICB Est Timeline	Confirm ready for operational closure of legacy CCG ODS codes	TBC	Existing CCG codes will be usable for twelve months following handover. National systems changes need to be implemented, local system challenges need to be understood.	Andrew Thomson	Progress made - Minor concerns
ICB Est Timeline	Confirm ODS Reconfiguration toolkit activities on target	31/01/22	ICB has received ODS code (QE1) and can begin operation when required	Andrew Thomson	Progress made - Minor concerns

ROS 1 - LSC System Development by Exception

Source	Description	Finish Date	Update	LSC Workstream Lead	APRIL - Current RAG Rating
SDP	Confirm boundaries and partners of the LSC Health and Care Partnership	27/05/22	Boundaries confirmed - no changes planned in relation to Cumbria County Council unitary outcome (which will come into effect from April 2023) Partners to be confirmed as part of work on Health and Care Partnership.	Vicki Ellarby	Progress made - Minor concerns
SDP	Proposals on success measures for the ICS Health and Care Partnership	27/05/22	Initial system priorities agreed. Work underway on common components of PBP balanced scorecards, linked to system-wide and local PBP priorities. This is part of the PBP Critical Path, which was agreed by the PBP DAG in February 2022. Further T&F group meeting scheduled for 01.04.22 Risk remains re capacity across senior leaders during Q4 of 2021/22 and Q1 of 2022/23. Further national guidance anticipated during May 2022.	Vicki Ellarby	Progress made - Minor concerns

ROS 3 - LSC System Development by Exception

Source	Description	Finish Date	Update	LSC Workstream Lead	APRIL - Current RAG Rating
SDP	CCG teams only operating at sub-system level where LSC plans to establish a significant place-based function at that footprint (as described in 1.b.)	31/12/21	Some teams have moved to a system/place model of working, but there are a number if functions/teams still operating within CCGs. The ICB Design Group (meeting fortnightly) has agreed 3 x activities maps for 'what happens where', which have been shared via staff briefings. Further work required on resource model, but currently paused whilst DSA is signed or alternative workaround agreed. Priority functional areas to transition asap during Q1 for review and agreement at ICB Design Group on 21.03.22	Gary Raphael	Progress made - Minor concerns
SDP	Implementation of local communications and engagement plan re development of place-based partnerships		Communications and engagement plan to support raising awareness of place-based partnerships collectively as a system agreed with PBP Development Leads. This includes increased social media content, promoting an Illustrated video to describe PBPs and toolkits to support leaders in place to engage with staff across place-based partnerships. A working group across teams, and including a PBP development lead meeting weekly to oversee progress and report to PBP. Activity to promote the recruitment of Directors of Health and Care Integration has taken place with media and online activity across partners. A detailed update is planned on Communications and Engagement at the next Place-based Partnership DAG.	PBP PDs	Progress made - Minor concerns

ROS 6 - LSC System Development by Exception

Source	Description	Finish Date	Update	LSC Workstream Lead	APRIL - Current RAG Rating
SDP	Describe vision for ICS 3-5 year plan for Quality and Nursing	01/04/22	Not commenced in isolation - needs broad ICS/ ICB / ICP ambition to be articulated and Quality & Nursing vision to be described to support the achievement of ICS ambition. Needs to tie in with Clinical and Care Professional Leadership development. S	Jane Scattergood	Progress made - Minor concerns

ROS 9 - LSC System Development by Exception

Source	Description	Finish Date	Update	LSC Workstream Lead	APRIL - Current RAG Rating
SDP	Agree MoU for 2022/23 between the national / regional teams and LSC	31/03/22	Awaiting further information on MoU for 2022/23 and relationship between region/system.	Carl Ashworth	Progress made - Minor concerns
SDP	Develop draft MoUs between LSC Health and Care Partnership and place-based partnerships / provider collaboratives	31/03/22	Awaiting further information on MoU for 2022/23 and relationship between region/system.	Carl Ashworth	Progress made - Minor concerns

ROS 11 - LSC System Development by Exception

Source	Description	Finish Date	Update	LSC Workstream Lead	APRIL - Current RAG Rating
SDP	ICS Digital Transformation Roadmap in Place and agreed through appropriate governance process	31/12/21	Processes for digital are in development, an existing governance process is in place, however this was designed prior to ICB being a legal entity and CCG handover - Reference letter from Garry R, NO significant operational change from IT perspective.	Andrew Thomson	Progress made - Minor concerns
SDP	ICB Digital Strategy in place and approved through appropriate governance process	31/03/22	ICS Digital strategy has been reviewed by the Digital portfolio board and was agreed by the board to still align with wider national digital strategy documents - a full review of the ICS digital portfolio is now being undertaken as part of the 3 year digital investment planning in line with ICB formalisation, significant operational change will be required to deliver on the 3 year plan from IT partner organisations perspective.	Andrew Thomson	Progress made - Minor concerns
SDP	Digital and Non Digital Governance arrangements approved for ICB	31/03/22	Can only comment on digital aspects of delivery, governance framework exists but needs review prior to approval.	Andrew Thomson	Progress made - Minor concerns

Risk & Issues - Residual Score 15 and over

Risk / Issues No.	Risk or Issue	Risk Oversight	Risk / Issue Description	Issue / Risk Actionee	Agreed Mitigating Actions	Residual Risk Score
R0055	Risk	CCG Transition Board	There is a RISK that due to the uncertainty of the staffing structure in the new NHS LSC system, that current CCG staff leave to secure alternative employment, leaving insufficient staff to manage CCG closedown and transition, and to undertake the new responsibilities of the new system, and resulting in a loss of system knowledge and expertise.	Helen Curtis	Further to discussion at the Exec Meeting on 14 Dec and despite work undertaken to reduce the risk, this risk is being maintained at 16 due to escalation to level 4 and the impact of implementation on vaccination booster programme. Further discussions took place at the Exec Mtg in January - highlighting the impact of the delay of policy implementation on staff resilience and capacity. Work to be undertaken as part of reconciliation to programme plan for closedown that is now impacted due to delay. The Executive Working Group discussed this risk again on 21 February particulalry in light of gaps in CCG corporate functions combined with business as usual year end activities. This has been escalated. In order to mitigate this week there is a workshop on 14th March as above to see what further progress can be made with aligning functions so work can be done on behalf of all CCGs. In addition there is an extensive Health and Welbeing Programme and regular briefings to staff to try and keep them up to date with the transition.	16

Lancashire and South Cumbria Health and Care Partnership

Lancashire and South Cumbria Health and Care Partnership Programme Summary Report

May 2022

1. Service Transformation

Significant programmes aimed to deliver transformational change across Lancashire & South Cumbria, progressing through the ICS decision flow (see appendix 1.) to complete the business case and subsequent implementation process

Programme & Executive Sponsor	Stage / Gateway	Key Highlights
Adult Community Mental Health – *Caroline Donovan*	**3b. Plan**	Lancashire Mind has been commissioned to provide engagement across Lancashire and South Cumbria (L&SC) and have released an online survey developed by the Voluntary, Community, Faith and Social Enterprise (VCFSE) and Lancashire and South Cumbria Foundation Trust (LSCFT). Sixty-eight applications to the procurement framework have been received, with all successfully placed on the procurement framework. The peer support service specification was sent out to those interested in providing a peer support service with twelve applications received and are currently being reviewed with a final decision during May 2022.
CAMHS Redesign – *Hilary Fordham*	**4. Implement**	Children and Young People's Mental Health (CYPMH) Workforce group has been established to support the recruitment, training, and retention to enable services to meet growing demand for resources. A Task and finish group has also been established to review the Healthy Young Minds website in its current state. The Risk Support Liaison posts have been appointed for Lancashire and South Cumbria Foundation Trust (LSCFT) and East Lancashire Teaching Hospital (ELTH), and Blackpool Teaching Hospitals (BTH). The Risk Support standard operating procedure (SOP) has been completed, with the mobilisation plan developed. Response and Intensive Support (RAIS) model is in place Blackpool, and the Intensive Support Team (IST) have proposed a go live date in Central Lancashire for the 16th of May 2022, which will provide full cover from 8am to 8pm, 7 days per week. Recruitment for posts in North Lancashire and South Cumbria is ongoing and will support the service go live in The Bay as soon as possible. Fylde Coast IST development is still under consideration with BTH being proposed as the provider. Recruitment is underway for Pennine, and workshops have been held to look at a proposed model. Mental Health Support Team Wave 7 and Wave 2, for Morecambe Bay have been awarded to Barnardo's. A system-wide escalation policy to support CYP who will be discharged from unsuitable settings has been developed and will be presented to the May 2022 CYP MH Transformation and Delivery Board. The policy will be piloted across the system for 3 months. A review and development of the all-age eating disorder specification and contract is currently underway for the contract 2022/2023.
Care Sector – *Talib Yaseen*	**2. Scope**	A Programme Summary has been created, from which a more detailed programme plan will now be developed. There is continued monitoring of community prevalence and outbreaks, with support for care providers who are in outbreak. The outbreak period is now reduced to 10 days from the last known reported case. For Infection

Programme & Executive Sponsor	Stage / Gateway	Key Highlights
		Prevention Control (IPC) teams continue to offer support and no shortages of PPE are currently being reported. The close monitoring of workforce capacity continues, with recent data showing a minor decrease in staff absences. The monitoring of data also continues with locality champions in place to check local update activity and give ongoing support for homes that are not providing updates.
Corporate Collaborative Services – *Sam Proffitt*	**2. Scope**	During May, the Corporate Collaboration Board (CCB) will hold 'Deep Dive Reviews' against each workstream to gain a granular insight on how projects are progressing. The Procurement draft strategy is being discussed at two Lancashire and South Cumbria (L&SC) strategic procurement meetings on the 11th and 18th of May. This will provide a detailed progress update at the CCB. The procurement of a single e-tendering process, which started at beginning of April 22, is currently being rolled out across all five trusts. For the procurement of the E-auction common products, a proof of concept will be undertaken using e-auctions for cleaning products and office stationery in May 2022. It is hoped this will then be rolled out across ten other product areas in 2022/23. In Estates and Facilities workstream, the first steering group has been held and the workstream will be presenting the workstreams strategy at the May CCB. This month's achievements include confirmation of the £60k savings realised from Forensic Services for Financial Year 2021/2022.
Diagnostics – *Tony McDonald*		**Community Diagnostic Centres (CDC):** As of April, the total number of additional diagnostics carried out under the CDC programme between July 2021 and March 2022 was 39,760. From April 2022 Year2+ CDC schemes have been launched. These are extensions of Year 1 schemes, as well as additional diagnostics being introduced in Quarter 3 and 4, once approved via the NHSEI business case assurance process. Pending business case approval, there will be an additional site opened in West Lancashire, taking the total to five CDC sites across L&SC. Pathway discussions linked to Respiratory and Cardiac have been re-started. During May the place-based partnerships (PBPs), with support from the CDC programme team continue to work up individual full business cases (FBCs) and the Equality and Health Inequalities Impact Assessment (EHIA) and Value for Money (VFM) template are in preparation for submissions to the system governance and North West Region for approval from July. **Diagnostic Imaging:** During April, the high-level benefits, and risks/issues were defined for the key priorities approved for incorporation into the Operational Plan in March by the Diagnostic Imaging Network (DIN) and the Diagnostics Programme Board (DPB). Detailed workstream project plans, including timescales, are currently being developed.

Programme & Executive Sponsor	Stage / Gateway	Key Highlights
		The five-year radiologist recruitment plan paper was endorsed at the April DPB; however, this is subject to additional finance and benefits analysis. The five-year radiographer recruitment implementation plan is in development, with the system level joint recruitment process also being scoped/developed. Capacity and demand modelling has been completed for Computed Tomography (CT), Magnetic Resonance Imaging (MRI) and Non-Obstetric Ultrasound (NOUS) using a single tool which was developed in partnership with trust colleagues. The tool has been handed over to trusts for testing and feedback. The development of the workforce asset heatmap tool has also been developed in partnership with Health Education England (HEE). The ICS centralised cloud image storage system, which was in the testing phase, is currently paused while a further options appraisal is undertaken for the cloud image repository. Radiology Picture Archiving Communications System (PACS) convergence; further engagement has taken place with clinical/managerial colleagues at Blackpool Teaching Hospitals (BTH) to discuss the options. The Diagnostics Digital capability bid outlining the 3-year capital requirements was submitted in April, and Key Lines of Enquiry (KLOEs) have been responded to. The Programme is currently awaiting feedback from the Regional/National team; however, early indication is that the bid will need rationalising. During May, DIN Board will review the project plans/timescales, endorse the procurement workstream priorities. The programme will also be working to identify a finance lead to support with, and progress additional financial benefits for the radiologist recruitment paper, with the aim of completing a draft of the 5-year plan for assistant practitioner and support worker roles. Other priorities include presenting the asset/workforce tool to Imaging Workforce Group May meeting, completing the cloud imaging repository options appraisal, and submitting amendments to the 3-year digital funding bid on the 13th of May.
Clinical Systems Road Map: *Electronic Patient Record – Gary Raphael*		The programme plan was presented to the Chief Executive Officers (CEOs) of each Acute Trust on the Core Hospital Electronic Patient Record (EPR) Programme. The programme has now been approved by the Digital Board (April), the Provider Collaborative Board, and the CEOs of each Trust (May). In relation to the EPR Strategic Outline Case (SOC) modelling work, further progress has been made on the Financial Modelling by Ethical Healthcare (EHC), however it is based on various assumptions, therefore the affordability gap will change as the modelling progresses. The Blackpool draft EPR OBC was shared with ICS Colleagues in late April 2022 and has received some constructive feedback. The London Procurement Framework (LPP) and Frontline Digitisation (FD) are now working with Blackpool and the wider ICS (other Acute Trusts) to support the Acute EPR Procurement. The procurement timeline for Blackpool has been finalised and the work has already begun across the ICS on producing the relevant documentation for the EPR pre-market engagement in June.

Programme & Executive Sponsor	Stage / Gateway	Key Highlights
Funded Care Services – *Talib Yaseen*	**4. Implement**	The draft Performance Improvement Plan, which is also the NHSE Assurance Plan, has been to the Service Development Group for review and is in the process of being finalised. During May, the Personal Health Budgets service offer is expected to go to the Funded Care Integration Board for approval.
Intermediate Care - *Louise Taylor & Alex Walker*	**3b. Plan**	Comments and feedback have been collated from the workshop on the 1st of April to confirm the vision and scope for the programme. All senior Local Authority and Health colleagues have been asked to identify a representative for membership of the programme board by 13th May. The programme governance structure will then be developed and agreed, and the draft programme board Terms of Reference shared prior to their first meeting on the 27th of May.
New Hospitals – *Jerry Hawker*	**3b. Plan**	The programme has commenced Quarter 1 with a productive period in April, finalising the Functional Brief, progressing the Schedule of Accommodation, and commencing the development of a Model of Care. The shortlist survey concluded on the 3 April with 1,466 responses, and a draft report has been produced. The Project Management Office (PMO) has developed Task and Finish Groups for Morecambe Bay and Central Lancashire to brief and engage the Trusts and provide details of each shortlisted option. The estates work stream is conducting a final review of the partial rebuild option(s) for Royal Preston Hospital and continuing the detailed analysis of the shortlisted options to determine the deliverability (incorporating land availability, planning considerations, clinical viability, and service continuity), value for money and affordability (capital and revenue).
Stroke Services – *Aaron Cummins*	**4. Implement**	**Psychology Support following stroke**: Work has commenced to provide more detail around the shortlisted options for delivering the model of care. This will result in several varied options to deliver the model which will be evaluated further to obtain the preferred option. Agreement is needed in relation to the criteria, their weightings, and the supporting information. **Neurorehabilitation**: Working groups have been established to design and develop the hospital, community, and patient service standards for the neurorehabilitation model of care. **Enhanced Acute and Rehabilitation Stroke Services**: The programme has completed a risk assessment around the care and management of Subarachnoid Haemorrhage (SAH) stroke patients, and a standard operating procedure (SOP) will be produced for the management of SAH stroke patients. The Team will now complete the required actions to secure a Stroke workforce lead, with the remit of drafting a workforce strategy that encompasses the medic, nursing, and Allied Health Professionals (AHP) elements. Work will continue the establishment of the ambulatory care teams. The programme will also confirm the arrangements for the Integrated Stroke Delivery Network (ISNDN) resource request for 22/23 and 23/24.

Programme & Executive Sponsor	Stage / Gateway	Key Highlights
Vascular – *Kevin McGee*	**3c. Design**	The Vascular has held expert-led workshops to capture key modelling data/definitions to support the development of the business case, including acquisition of baseline data.

2. Continuous Improvement

Programmes aimed to improve the effectiveness and/or the equity and consistency services/areas across Lancashire & South Cumbria and positively impact upon key performance indicator targets (quality/ financial / performance).

Programme & Executive Sponsor	**Performance:** Key highlights to narrate performance against KPIs (+/-) and against the previous months actual.
Palliative and End of Life Care – *Talib Yaseen*	An additional Project Manager has been appointed to the team. NHSEI transformation funding has been confirmed; enabling clinical leadership session contracts to be extended. The Delivery Plan metrics have been agreed and the Programme Board membership reconfiguration has also been agreed.
Population Health & Health Inequalities – *Julie Higgins*	**Health Equity Commission (HEC):** The implementation plan for the Community Connections project has been submitted to NHS South, Central & West ICS. This is a collaborative piece of work with university and VCFSE partners. The Key Performance Indicators are in development and will be submitted prior to the deadline of the 1st of June. The Population Health Academy launched its first cohort of Health Inequalities Clinical Leads within Primary Care Networks (PCNs) on Thursday 5th May. The primary aim of the proposed Population Health and Health Equity Academy is to act as a collaborative forum for partners across Lancashire and South Cumbria to develop a single, consistent, and shared approach for innovative learning and development relating to health inequalities, population health and population health management. There are currently five strands of work connected to the development of the Academy in 2022/23, namely: 1. the delivery of a leadership programme for PCN Health Inequality Clinical Leads from across Lancashire and South Cumbria which will be delivered in partnership with The King's Fund between May 2022 and May 2023. 2. the development and delivery of an induction programme for the Population Health Core Programme Team and the Place-based Population Health Teams to ensure a common understanding and approach to the planned work on population health and health inequalities.

Programme & Executive Sponsor	**Performance:** Key highlights to narrate performance against KPIs (+/-) and against the previous months actual.
	3. the development on an online platform to enable the sharing of key reports from external organisations, case studies, videos, useful weblinks and online training, examples of best practice and evidence-based research relevant to health inequalities, population health and population health management. 4. the delivery and facilitation of relevant training to other work streams (e.g., Health Equity Assessment Tool) and the development of mechanisms for sharing of best practice and lessons learnt across the system (e.g., breakfast meetings, Action Learning Sets). 5. establishing a Steering Group to develop initial plans for the Academy leading to a series of round table discussions with key stakeholders in September/October 2022 to discuss the scope and future development of the Academy. **Population Health Model - Adjustment:** following feedback from stakeholders about the model, work has been undertaken to give greater weighting to levels of deprivation in designing how we deliver the model. This means that as the model is mobilised over coming years, the Lancashire and South Cumbria Weighted Funding Formula will be used more extensively in allocating resources to ensure that areas with higher deprivation receive greater proportions of funding. The changes will be made within the agreed overall funding envelope. No reduction will be made to the funding expected in the other Place-based Partnerships. This has resulted in an increase in the amount of funding allocated using the funding formula within the model from circa 27% to slightly above 50%. **Population Health Management Tool:** The Strategic Outline Case for the Population Health Management Tool has been completed and work is commencing on the Outline & Full Business Case which will be presented to the Population Health Board in July. **Public Health Collaboration:** We are continuing to work closely with the Public Health Teams to align our plans. The first Team to Team meeting between the Population Health Team and the Lancashire Public Health Team has taken place and there are plans to continue this approach. Team to Team meetings with the other Public Health teams are being planned. Next month will see the establishment of delivery plans for 22/23 and agreed with each place; the commissioning of Enhanced Health Checks (dependent on funding agreed); the commissioning of Health and Wellbeing coaches (again dependent on funding agreement); team and individual objectives and the completion of team-to-team meetings with all Public Health Teams.
Primary & Community Care – *Peter Tinson*	This month, the Primary Care Programme Board endorsed a refresh of the collaborative work programme considering the Primary & Community Care response to the 2022/23 Operational Planning Guidance. This included and considered next steps in relation to the alignment of system and place priorities and plans for scoping brief developments aligned to key priority projects. In addition, the Board received an update on the utilisation of the Winter Access Fund; an update on work to prepare for the delegation of commissioning responsibility for primary medical services and community pharmacy from July 2022; information on the contracting arrangements for General Practice, Pharmacy and Dental 2022/23, an agreement on the distribution and administration of the General Practice Resilience Funding Process for 2022-23 and the completion of the online consultation and video consultation on the General Practice Procurement Process.

Programme & Executive Sponsor	**Performance:** Key highlights to narrate performance against KPIs (+/-) and against the previous months actual.
Urgent & Emergency Care – *David Bonson*	An ICS Balancing Risk for Patients for Urgent and Emergency Care (UEC) document has been drafted and signed off by the Strategic Commissioning Committee during April. This will also be reviewed at the UEC Network in May. The UEC Programme is currently reviewing and evaluating the UEC Winter 2021 schemes for further discussion at the UEC Board in May in readiness for 2022 winter planning.

3. National Policy

Policy work with specified delivery plans, including nationally required performance targets and deadlines

Programme & Executive Sponsor	**Performance:** Key highlights to narrate performance against KPIs (+/-) and against the previous months actual.
Cancer Alliance – Talib Yaseen	The Alliance team submitted the 2022/2023 Programme Template to the Regional and National Teams for review, and the programme has now received feedback on several areas for development. These development areas will be encompassed into the template in readiness for the submission and sign-off by the Regional Team on the 5th of May. Quarter 4 assurance will be completed by 12th May, and we will be reporting a balanced financial position for year end. The main areas of concern for the programme are the slow progress against backlog reduction, and the overall performance against the faster diagnosis standard. As such, a Cancer Wait Times Summit is planned for 17th June, with key speakers from National roles delivering the sessions.
Diabetes – *Sakthi Karunanithi*	The National Diabetes programme funding announced, and systems informed. The detailed strategy to deliver the national funding aspirations is currently being completed after consulting with the steering group and stakeholders. **Prevention (National Diabetes Prevention Programme):** Increasing referrals into the programme to pre-covid levels is a priority area because referrals are still low compared to the pre-pandemic profile. Work continues increasing the quality of referrals through interfacing with PCNs/Practices and raising awareness. The resumption of face-to-face sessions are underway working with the provider however, moving from remote options to face to face could further impact referral numbers. **Prevention - Low Calorie Diet pilot in L&SC: R**eferrals into the pilot are now being made. Steering Groups are operational, and the pilot aims to onboard 500 participants. **Care Transformation:** All Transformation funds have been fully transferred for years 1 & 2, to sites which had not been previously funded and had identified gaps, these including Morecambe Bay MDFT and GP CSR DISN.

	Inequalities: Funded projects to improve inequalities and diabetes care ongoing. Projects are - Aawaz Charity, Millom ICC, Blackpool Teaching Hospital NHS Trust, One Voice Blackburn, IMO Blackburn. There is an information sharing event planned for September looking at translatable good practice, proof of concepts and case studies. **Structured Education:** Now disengaged with MyWay Diabetes education and changed over to 'Healthy Living' platform for T2 and nationally available MWD for T1 with comms and engagement activity to support the switchover.
Maternity & Newborn Alliance – *Jane Scattergood*	The Continuity of Carer (CoC) workstream is reporting "amber" for assurance until plans are shared and signed off as robust by MNBA Board and Regional Team. Staffing is a continued issue which will impact implementation. On-site Trust support visits continue with the Regional and National CoC leads. During next month, the workstream will finalise their full 12-month plan aligned to the agreed CoC priorities and national deliverables; meet with local Maternity CoC leadership teams alongside regional, national Maternity CoC leads, and finance leads to review action plans; meet with digital to discuss data capturing and dashboards and begin developing education and training resources.
Children & Young People's Health – *Jane Scattergood*	The draft workplans for the Paediatric Community Neurodevelopmental Clinical Network and Paediatric Epilepsy Clinical Network are now out for review. The Asthma in Schools Initiative Project Plan is also out for review, with the Expression of Interest (EOI) for Children and Young People's Asthma Practitioner Funding currently being drafted.
Mental Health (All Ages / LD&A / SEND) – *Andrew Bennett*	**Mental Health:** **Older Adult Mental Health and Dementia:** A positive Ageing and Mental health Welling Pilot is currently being worked on across Lancashire and South Cumbria (L&SC) to address the number of older adults with mental health needs (Dementia in particular), to address the issues around avoidable admissions, reducing length of stay and delays in discharge from both general and specialist in patient services. Lancashire County Council (LCC) are currently undertaking work to look at their inhouse provision to ensure that it meets future needs of the L&SC aging population and provide specialist provision which is required to meet the current gaps in services. The pilot also seeks to utilise bed-based capacity across three LCC Care Homes (East Lancashire, Preston, and Morecambe Bay) and will test a different approach in care provision for older adults with a mental health need (including dementia). This will be delivered through an intensive Multi-Disciplinary Team (MDT) model, and by enhancing training provision that seeks to address the challenges facing our system as detailed above. **Suicide Prevention Programme:** End of year 3 Real Time Data has seen a further 8% reduction in suspected suicides. The ICS has established a Real Time Surveillance (RTS) system for Self-Harm Data and produced an interactive Dashboard. The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) at the University of Manchester, have invited L&SC to become a member of a National Learning Programme of good practice. Child Suicides in North Lancashire has identified an increased prevalence of mental health concerns for children within primary and secondary education, gaps in service provision, and fragmented service responses. The L&SC Programme Plan for this work has been redrafted to align with service needs and has been signed off by all partner organisations. **Learning Disabilities and Autism: Annual Health Checks** (AHC) – A LD&A Steering Group is now in place to progress the delivery and mobilisation of the plan, with key risks identified. Recruitment of the Health Facilitators has commenced. 2021/2022 Quarter 4

AHC data will be provided by the programme in June, as quarter 4 has been slightly delayed. The Autism Diagnosis Provider programme has sent communications to GPs, referring bodies, and individuals on the waiting list, to advise of the current position and planned action. A procurement process is underway to secure a provider for a 12-month period. The aim is to reduce the overall number of inpatient adults to 30 people (or lower) per million population by March 2024, with the current rate at 70, a reduction of 5.3 on quarter 3

Special Educational Needs (SEND): The SEND Programme is delivering on inspection positions ensuring that each area is inspection ready. Blackpool's inspection has now taken place, and the programme are currently awaiting the Written Statement of Action (WSoA) and Improvement Plan. Cumbria is now being managed as a whole system, led by Zoe Richards, for health to pick up pace on delivery of activity. Lancashire's new SEND Plan is now operational, and the first highlight reports were presented to Lancashire SEND Partnership Board during April. Projects within the SEND Programme have been significantly delayed, although approved by the Collaborative Commissioning Advisory Group, and the Strategic Commissioning Committee, as funding has not been allocated to enable delivery. This has resulted in the work which could be delivered without funding, has been delivered, and the remainder is at risk and delayed. The consequences of this major risk around funding will result in the ability to achieve compliance against the statutory duties. The SEND Review Green Paper is proposing changes and additional statutory duties, including a rewrite of the SEND Code of Practice, which will be unable to be delivered due to lack of funding.

Elective Recovery – *Gemma Stanion*

Provider activity Vs Operational Plan	Actual Activity	Difference to plan
	03/04-24/04/2022	
LSC Total	122,583	7,996

System ERF H1 Estimate	96% £34.3m
System ERF H2 Estimate	98% £27.4m

78 week waits	Actual	Plan
Total (As at 24.04.22)	2,758	2,480

104 week waits	Actual	Plan
Total p2-p4 (as at 24.04.22)	751	604
Total P5/6 (Pts who have chosen to defer)	7	

Waiting list size

Actual Nov 21 (28/11)	Actual Dec 21 (02/01/22)	Actual Jan 22 (30/01)	Actual Feb 22 (20/02)	Actual Mar 22 (27/03)	Actual Apr 22 (24/04)
140,319	141,641	146,014	146,955	149,515	149,683

78 weeks: Behind plan but all organisations are reducing against this target.

104+ week patients: Achieved year end reduction target. All organisations forecasting to achieve zero (except pt choice) by end June 2022 and pull forward as many potential 104wk patients from July as possible.

Waiting List Size: The number of patients on the waiting list has been consistently increasing since April 2021. January 2022 had a sharper increase due to the impact of Omicron.

Respiratory –	Two Clinical Leads have been appointed to the Respiratory Network: Dr Sharada Gudur (Acute Respiratory Consultant at LTH; and Dr Stuart Berry (Primary Care and Digital), with plans to appoint a Diagnostics Lead during May. **Governance Board:** The main action for ICS attention (others are RN facilitation) is the Stipulated Length of Stay pathway which Gill Cooper and her team from the CSU have tested previously and can support LTH and BTH in developing COPD and pneumonia pathways. This links with ICS KPIs addressing winter pressures in respiratory. A proposal paper will be shared in May. **Health Inequalities in Pulmonary Rehabilitation:** A workshop is being facilitated by the RN for the clinicians to understand the targeted data for their Place Based Partnerships (PBPs). This is with the PBP HI Leads and supported by population health data from the Aristotle HI dashboard. Coaching workshops will recommence on the 19th of May with the commissioners to agree on a single additional digital software for all the teams to adopt. PR funding has been confirmed and shared with the board.

4. Enabling Functions

Central ICS functions delivering development activity in a subject matter area to underpin and enable change and delivery of the ICS objectives and programmes

Function & Executive Sponsor	**Highlights:** Key highlights to update on any enabling developments or challenges affecting the system from the last or upcoming month
Digital – *Gary Raphael*	The three-year Digital Diagnostic Capabilities funding plan was submitted, and the associated Key Lines of Enquiry (KLOEs) were responded to by the 14th of April. The roadmap was approved at the Diagnostic Programme Board (DPB), with the digital governance through the Digital Diagnostics Advisory Group (DDAG), and the Clinical System and Citizens online group. Work is continuing the Three-Year Digital Transformation and Investment Plan (DTIP). Four action learning sets (ALS) have been held to support this work Start Well, Digital Leadership and Governance, Smart Foundations and Safe Practice, and Empower the Person. There are three further ALS to be held in May along with a peer review session. The DTIP is the main priority for the Digital programme throughout May and June. The draft DTIP will be presented to System Leader Executives (SLE) in May for comments prior to final submission to SLE and Provider Collaborative Board in June.
Estates – *Gary Raphael*	**Our Ways of Working:** Chorley House opened as an interim headquarters on 14 March as planned. The booking system is live at all sites ready for 9 May. Costs have been received and approved for the technical work needed to link Fusion House into the system. An action plan has been developed from the Equality Impact Assessment to be worked through in the next few months. Priorities for next month are to provide final comms to staff confirming when and how to start booking space through Unbook; ensure that the Canon Print Anywhere is available to all staff; start to progress actions from Equality Impact Assessment and to review the equipment needed to support staff for whom special considerations or reasonable adjustments are needed. **Sustainability:** The vacant post for the L&SC Sustainability Lead has now been confirmed as a substantive post. L&SC achieved 100% for the Greener NHS Quarter 4 Data Collection. The Fleet Data Collection is due the 24th of May 22, two Trusts have already

	started to complete this. Each Trust now has a Green Plan Feedback sheet which will be shared with the individual Trusts. The ICS Green Plan is on track to be endorsed at the ICS Board on the 25th of May 2022. L&SC in collaboration with Redmoor Health are looking at developing an online assessment for measuring NZC in Primary Care. There is a decarbonisation piece of work being carried out by Rambol across the acute hospital sites **Lloyd George Records Digitisation:** A process is being developed to support practices who wish to take advantage of the local decision to support them in destroying the empty Lloyd George envelopes significantly reducing storage pressures on practices. Around 80% of practices are now actively involved with the process, 45% at destruction stage. The final practices are scheduled to begin the process in July 22. **Secondary Care Records Digitisation:** Xerox have been commissioned to carry out a Discovery exercise, looking at paper medical records held by Acute and Mental Health Trusts across L&SC. A draft report has been received which is still missing most of the requested financial information needed to finalise it. This will form the basis of a business case to be developed to digitise all secondary records across L&SC. BTH are working on a 3-pronged approach to digitise the 360,000 paper records identified as being in urgent need of removal from a basement and theatre area. This involves ramping up their internal scanning bureau and completing the contract with their existing contractor to scan 110,000 records by 30 June 22. They have recently completed a mini procurement exercise and appointed a second external contractor to scan a further c150,000 records for which they currently have funding.
Personalised Care – *Talib Yaseen*	The Personalised Care Programme Plan was submitted to NHSE for approval, with a sign-off meeting scheduled for the 10th of May. The first draft Programme Plan Summary was submitted to the Funding Forum meeting and reviewed on 26th April. Both plans are currently aligned but they may need to be reviewed if there are changes to the Programme Training Plan which is planned to be funded by Population Health who are awaiting their funding allocation. The 2022/23 top priorities are: 1. To agree responsibilities, roles and governance arrangements for the Programme as we transition to the ICB and from March 2023 when Personalised Care programme arrangements will need to be ICB funded 2. To embed the necessary knowledge and expertise into ICP's and Provider Trusts to deliver effective Personalised Care as Business as Usual with requirements embedded into Commissioning Agreements and Contract Management Arrangements 3. To put in place workforce competencies for delivering Personalised Care approaches with associated training frameworks procured and available to support services The key programme risks remain unchanged; risk of potential disruption to Programme delivery due to operational pressures (COVID, Waiting Lists etc.). Planning based on disruption due to Winter Pressures but are reliant on early sign off for plans and funding. The risk of Personalised Care expertise being lost due to staff leaving (short, fixed-term contracts, NHSE programme funding due to end March 2023, ICB reorganisation).
Workforce – *Sarah Sheppard*	**Careers, Recruitment & Placements:** Workforce were able to support the LAMP staff with several interventions via It's Your Move which included a tour of a laboratory, assisting them in joining the Banks across several organisations, job vacancies, webinars on writing job applications, support with CV building etc. Lancashire & South Cumbria Foundation Trust has commenced the People Promise Exemplar 12-month programme funded by NHSE/I as the pilot trust. Their first PPE Lead has been appointed and will start in

post on 6th June. ELHT has appointed a lead to develop a System Reservist Programme funded by NHSE/I. Collaboration with social care providers in providing placements for students is progressing well; capacity in nursing homes for pre-registration nursing students has increased from 13 learners to 38 for adult nurses, 47 for Mental Health nurses and 11 for Learning Disabilities nurses.

Engagement & Events: The nominations for the inaugural Lancashire and South Cumbria NHS Health and Care Apprenticeship Awards closed last week with just under 300 nominations from Social Care, Primary Care, NWAS, Trusts, Local and County Councils. The Awards will take place on the 17th of June at Stanley House Hotel and Spa, Mellor. Also, two pilot recruitment Roadshows will be held over the coming weeks to target the many entry-level vacancies, they will have system representation, along with G48 companies. In addition, videos are being developed for the Social Media Commission to support recruitment for home care providers across the ICS. The next stage includes advertising vacant positions, attracting potential new care home employees via the use of social media tools and producing a social marketing toolkit to share with the home care provider sector.

Training: The Social Care Training pack & wellbeing toolkits have been updated and distributed to 850 care providers in L&SC and added to the career's platform. Work is commencing on the refresh of our system-wide face-to-face Work Experience programme. The application windows are due to open in June for placement commencement in July/August. The applications and information for Work Experience will sit on the career's platform www.nhscareersnw.co.uk **.**

Workforce Baselines: The Fylde Coast Workforce Data pack has been issued to the Place lead. A review of the APP Modelling Tool has been undertaken with amendments in progress to show alternative future state scenarios. A follow-up with the clinical lead is scheduled for 16th May to sign it off.

5. Risks & Issues

5.1 Risks: *All open **risks,** rated 'Very High' for individual programmes are provided in the table below:*

Programme Name	Risk No.	Risk Description	Initial Level	Current Level	Agreed Mitigation Actions	Action Taken
SEND	RI/SEND 04	Potential loss of roles/expertise in SEND Service due to non-recurrent funding from NHSE. A funding request to recurrently fund roles was not approved.	**Very High**	**Very High**		
Diagnostic Imaging	RI/Diagim ag03	Risk to patient safety in relation to delivery of thrombectomy and neuro interventions for emergency patients Due to lack of available capital funding for replacement of ageing CT biplanar at LTH. If bi-planar becomes non-operational, patients will not have access to emergency neuro-interventional radiology procedures within L&SC	**Very High**	**Very High**	Mitigations being explored through NW Region, LTH and NHS Specialised Commissioning	Raised with NW Regional and NHSEI Specialised Commissioning colleagues

5.2 Issues: *All open **issues**, rated 'Very High' for individual programmes are provided in the table below:*

Programme Name	Risk No.	Risk Description	Initial Level	Current Level	Agreed Mitigation Actions	Action Taken
SEND	RI/SEND 01	Waiting times for SLT Increased referrals and difficulty recruiting for vacancies Funding request not approved Long waits and Parental Anxiety	**High**	**Very High**		
SEND	RI/SEND 02	Waiting times for ASD services Significant increase in referrals Funding request for recovery plan not approved Long waits and parental anxiety	**High**	**Very High**		

SEND	RI/SEND 03	ASD Services not satisfactory in West Lancashire for school aged children, no ASD commissioned service in West Lancs for school aged children. Long waits (longest waits are at 157 weeks with 390 on the waiting list) which leads to parental anxiety, and failure to support in a timely manner	**Very High**	**Very High**		
SEND	RI/SEND 07	Implementation delayed Lack of funding - funding request approved in July 2021, but funding not allocated Impacts on delivery of Bladder and Bowel Framework and Special School Nursing Review projects which are part of the wider SCN project Failure to meet statutory duty, outcomes delayed	**Very High**	**Very High**		
SEND	RI/SEND 08	Outcomes delayed the lack of funding for the Specialist Community Nursing Review Failure to meet statutory duty, outcomes delayed	**Very High**	**Very High**		
Maternity & Newborn	RI/M&Nb 78	Carrying vacancies; maternity leave and challenges to recruitment will impact Trust's capacity to implement new CoC models of care. Trusts with reduced staffing due to vacancies; maternity leave, sick leave and challenges to recruitment will not be able to implement the new CoC models of care	**High**	**Very High**	Continued recruitment Aligning newly qualified recruitment to current needs (more qualified coming through the system this year due to expansion) Recruitment of Workforce Lead to support workforce recruitment and retention.	April 2022- No change; links to workforce priorities 22/23 and Ockenden 2 requirements. Going out to advert for Workforce Lead
Maternity & Newborn	RI/M&Nb 85	Unsafe service provision to women and babies due to reduced, unsafe maternity (midwifery) staffing levels within maternity services increased Serious Incidents	**Very High**	**Very High**	Recruitment (Ockenden monies) ongoing recruitment Retention and Pastoral Care incentive Agreed at last Board that HoMs will discuss other short-term options	APR 22 - No change. Recruitment ongoing
Maternity & Newborn	RI/M&Nb 87	Significantly impaired capacity to lead on the current key projects and the new requirements for workforce and education	**Very High**	**Very High**	Recruitment to Workforce Lead. Urgent solution required to identify resource to:	Apr 22 - confirmed now able to recruit - in progress

		due to having no LMS Learning and Development Lead in post and awaiting handover of key project documentation from previous Lead. Non-delivery of projects and non-compliance with Ockenden and 2021-22 deliverables			- Lead the Workforce & Education Transformation steering group (workstream) - with revised ToR - Ensure delivery of current projects - Enable compliance reporting to the Quality Assurance Panel - Work with ICS and Regional colleagues to agree strategy and short/medium/long term plans for LMS workforce and education Secure support from the ICS Workforce Team and Regional Workforce Team	

6. Planned Key Benefits

A summary of the KEY planned benefits for each programme and their associated KPI measures, where identified.

Work is ongoing to establish the KPI measures and this will be included once agreed. When the benefits for a programme start to be realised, the progress will be reported through actuals, detailed as part of the relevant individual programme update, in Sections 1-4.

Programme	Key Benefit Description	Benefit Measure / KPI
CAMHS Redesign	An additional 17,886 children and young people across LSC will be able to access NHS funded services by 2029 based on a local prevalence of 1:10	The number of Children & Young People up to their 19th birthday supported through NHS funded mental health services with at least 2 contacts
	We will be providing for specific extra capacity for early intervention and ongoing help by providing Mental Health Support Teams which will cover at least 25% of Lancashire & South Cumbria's education population by the end of March 2024	Long Term Plan
	Waiting time standard will be sustained for children and young people's eating disorder services. 95% of those in need of urgent NICE concordant treatment will receive it within 1 week	CYP receiving treatment within 1 week
	Waiting time standards will be met and sustained for children and young people's eating disorder services. 95% for those in need of routine NICE concordant treatment will receive it within 4 weeks	CYP receiving treatment within 4 weeks
	Waiting time standards of 2 weeks from referral to assessment will be met and sustained in the delivery of Early Intervention is Psychosis services (EIP).	Number of CYP receiving an assessment within 2 weeks of receipt of referral

Programme	Key Benefit Description	Benefit Measure / KPI
	The C&YP 4-week Referral to Assessment target 100% will be reached by end of 2023 across all place-based locations and within all teams.	Number of CYP receiving an assessment within 4 weeks of receipt of referral
	The C&YP 18-week Referral to treatment target 100% will be reached by end of 2022 across all place-based locations and within all teams.	Number of CYP receiving a treatment within 18 weeks of receipt of referral
	There will be an expansion of 24/7 urgent and emergency mental health response for children and young people to meet 100% coverage by 2023/24.	Number of CYP with access 24/7 urgent and emergency mental health response
Care Sector	NHSmail uptake for medicine optimisation (proxy ordering); transfer of information and contribute to reducing delayed transfers of care	
	Workforce – Stabilise the current Workforce; accelerate Workforce development; support the Sector development to become an employer of choice	
	Reduce the resources involved in crisis management as quality improves	
	NHSmail uptake for medicine optimisation (proxy ordering); transfer of information and contribute to reducing delayed transfers of care	
Collaborative Services	Ensuring all Trusts procure medical agency staff via framework approved by NHSE/I	Financial savings – to be quantified
	Ensure all Trusts procure agency nurses via framework approved by NHSE/I	Financial savings – to be quantified
	To design/procure a payroll system that will blend cultural change and innovative technology	Financial savings – to be quantified
	Savings made in National Insurance contributions	Financial savings – to be quantified
	The procurement workstream is highly interdepartmental - currently working closely with other workstreams such as Estates & Facilities supporting Trust collaboration to ensure financial savings through economies of scale	Financial savings – to be quantified
	Merging procurement management functions and operations allow for common ground and will enhance the synergies cross the wider system	Financial savings – to be quantified
Diagnostics – Imaging	Reduce the system's % of 6WW breaches below the constitutional standard of 1%.	% Of patients waiting more than 6 weeks for a diagnostic imaging test
	Restoring activity to pre-covid levels (comparison to 2019/20 activity)	2021/22 CT, MRI and non-obstetric ultrasound activity compared to 2019/20 actual activity
Funded Care	Integrated and Collaborative Health and Care	% of key processes and policies that are integrated/Collaborative
	Standard Approach to the Delivery of Funded Care	Increase in activity and reduction in cost KPIs
	Meet future demand for funded care services	
	Improved Patient Pathways	Patient focus groups on working practice; making services leaner and reducing risk

Programme	Key Benefit Description	Benefit Measure / KPI
	Improved Patient Choice and Control	Comms & Engagement KPI
	Unified Approach to Financial Accounts and Service Delivery Costs	Shared staff across footprint, TBC measure of spend per 1,000 head of population
Intermediate Care	Reduced cost of Short-Term Social Bed Care	for Cohort of £1.5m p.a. versus 2019 cost
	Reduced cost of Non-Elective Acute Bed Care	for Cohort of £37.9m p.a. versus 2019 cost
	Reduced HLSC ICP Average Cost Per Episode	for cohort by £177 versus 2019 cost
	Released Acute Bed Capacity	from Cohort of 16,905 Episodes of Care p.a. versus 2019
	Improved Service Availability of an Additional 32,742 Episodes of Care versus 2019 Activity	Episodes of care
Children & Young People's Health	Co-production with children, young people, carers and their families regarding CYP health services	Co-production with voluntary sector Representation on workstreams
	Improved diagnosis and quality of care for CYP with long term conditions	
Palliative & End of Life Care	Improved understanding of population needs to support service planning for bereavement service capacity and access to meet those needs	
	Reduced variation across key indicators for Lancashire & South Cumbria that promotes equity of access and supports a consistent approach system-wide	
	Increased early identification and advance care planning to enable patient choice and avoid hospital conveyance.	
	Future working models will be evidence-based - underpinned by a gap analysis and the development of an end-to-end model	
Population Health & Reducing Inequalities	Improved health outcomes and reduced inequalities across an entire population, using data to mobilise the workforce to shift care further upstream to improve efficiency	
	Reduced health inequalities and the NHSE/I Covid-19 KLOEs (key lines of enquiry) being met, in terms of its uneven societal impact	
	Improved health, enhanced experiences, and outcomes for patients, producing a demand reduction and cost improvement (per capita cost of care in the public sector)	
Urgent & Emergency Care	WS 1 - Reduction in ED attends	
	Reduction in ED waiting times i.e., 12 hour waits	
	Increase CAS deflection times	
	Improve Patient Experience	
	Improve Staff Experience	

Programme	Key Benefit Description	Benefit Measure / KPI
	WS 2 - Reduction in ambulance conveyance	
	Improved hand-over and turnaround times	
	WS 5 - Reduction in overall bed occupancy	
	Reduction in Length of Stay	
	Reduction in ED Trolley Waits	
Cancer	Earlier & faster Diagnosis Standard	Faster Diagnosis Standard
	62-day referral to treatment	62-day referral to treatment
	Restoration of referrals	Restoration of referrals to pre covid levels
	Restoration of first treatments	Restoration of first treatments
	Patients waiting over 62 days	Patients waiting over 62 days
Diabetes	Expansion of the NHS Diabetes Prevention Programme & expanding digital access	Referrals / IAs / Completions / Demographic variations
	All hospitals provide access to multi-disciplinary footcare teams	Reduction in foot ulcers, amputations, and death from diabetes related foot problems
	All hospitals provide access to diabetes inpatient specialist nurses	Reduced hospital stays and medication errors
Maternity & Newborn Alliance	Women, Birthing People, and families access a safe, equitable and personalised experience	% Of women with Personalised Care and Support Plans (PCSPs) in place - Antenatal, Intrapartum and Post Natal
	Improve the health of the population through preventive initiatives to smoking, obesity and improve lifestyle choices	Baby Friendly Initiative at all four Trusts 40% of smokers to be offered inhouse long term pathway
	Sustainable and competent workforce	% Turnover for each workforce group Current vacancies as % of establishment % MDT training
	There is an equitable service across the LMS that is safe and compliant	Reduction in Still Births, Neonatal deaths maternal deaths and inter-uterine ABIs Maternity Incentive Scheme compliance Ockenden compliance
	Optimising health and well-being outcomes and experiences	% Of women placed onto CoC pathway % of Black, Asian, mixed ethnicity women placed onto CoC pathway % of women from lowest decile of deprivation placed onto CoC pathway
Mental Health (National)	IAPT Access Rate	IAPT Access Rate
	IAPT 1st to 2nd Treatment >90 days	IAPT 1st to 2nd Treatment >90 days

	OAP Bed days (inapp.)	OAP Bed days (inapp.)
	PH SMI % Achievement	PH SMI % Achievement
	Perinatal Access Rate	Perinatal Access Rate
SEND	Ensures delivery of statutory duties in relation to SEND and in line with the SEND Code of Practice	
Personalised Care	Increased Strategic Coproduction input into Pathway Redesign	Increased and earlier access to services from vulnerable groups who do not traditionally engage or present late Increased customer satisfaction Reduction in healthy lifespan gap
	Patient segmentation and health coaching embedded in Pathway design and delivery to provide more tailored and effective care	Increased System capacity with associated successful patient outcomes
	Embedding behaviour change into patient care plans as an alternative/support to clinical intervention and medication	Reduction in unnecessary clinical interventions and over prescribing of medication
	Increased Patient Choice with personalised care approaches and behaviour change becoming a key component in delivering integrated care	Patient expectation of service to shift from a silo model with hand-offs to a continuum of integrated care delivered on a multi-agency basis

Appendices: ICS Decision Flow